



GRAHANI ROGA MANAGEMENT IN AYURVEDA – A SINGLE CASE STUDY

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ABSTRACT

Grahani Roga is a frequent GI tract ailment that affects people in the modern period. It is directly linked to poor eating habits and a stressful lifestyle. The primary role of *Grahani*, which is located in *Mahasrota* between *Amashaya* and *Pakwashaya*, is to keep the *ahara* until the conclusion of *Avasthapaka* and then transmit it into *Pakvashaya*. It is also referred to as the sixth kala, or *Pittadhara Kala*, where *Jatharagni* lives. *Grahani roga* can be identified in any person exhibiting symptoms such as alternate hard and loose bowel movements, abdominal discomfort, foul-smelling stool passage, and mucus in faecal matter. According to contemporary research, the following symptoms are associated to IBS (Irritable Bowel Syndrome). The intestinal wall becomes sensitive to even little stimuli in people with IBS, which results in excessive cramping in the abdomen and changes both the bowel movement and the indigestion. In India, around 15% of adults suffer with IBS. In this instance, an attempt was made to treat a 50-year-old male patient with *abhyanga*, and oral medications with properties like *dipana*, *pachana*, *medhya*, etc. for 60 consecutive days. The patient also had symptoms like *Muhurbaddha Muhurdravam*, *sarujam ama-apakwa puti Malapravritti*, *bahusho bimunchati*, etc. After receiving therapy for 60 days, the patient's symptoms significantly improved, and further testing was performed.

Keywords: *Grahani Roga, Grahani, Mahasrota, Pittadhara Kala, Irritable Bowel Syndrome*

INTRODUCTION

The seat of Agni, the digestive fire, is Grahani. It holds on to the ahara until it is completely digested, at which point it transfers it to the intestine, or Pakwashya [1]. One of the crucial segments of the GI tract, known as Grahani, is named after Acharya Sushruta's sixth Pittadhara Kala, which is located between Amashaya and Pakwashaya. Grahani Roga is the sickness caused by intensified doshas resulting from Agni impairment, which vitiates Grahani naadi [2].

Grahani roga is the advanced stage of grahani dosa, in which grahani naadi becomes vitiated in addition to vatadi doshas. A digestive system condition called grahani roga is brought on by the vitiation of Pachaka pitta, Saman Vayu, and Kledaka Kapha. Muhurbaddha Muhurdravam (alternating passing of hard and loose bowel habits), Sarujam ama-apakwa puti Malapravritti (painful, foul-smelling defecation in the form of ama-pakwa Avastha), Bahusho bimunchati (large amounts of defecation), Vairasya (tastelessness), Suktapaka (acid eructation), Trishna (excessive thirst), Daurbalya (weakness), manasa sadanam (depression), etc. are some of the lakshanas or symptoms that accompany it. Various difficulties resulting from the preponderance of vata manifest as swasa, kasa, gulma, hridroga,

pliharoga, and parikartika due to malabsorption and lack of nourishment [3].

Even if the precise cause of Grahani roga is unknown, we may still classify this clinical entity as irritable bowel syndrome (IBS) based on its signs, symptoms, and disease pathology [4]. Peristaltic motions, a rhythmic contraction of the intestinal wall, aid in the movement of the contents inside the tract. The intestine's wall becomes sensitive to even little stimuli in people with IBS, which results in excessive abdominal cramping and changes the way the stool moves. About 15% of adults in India have IBS, and the male to female ratio is 3:1—exactly the opposite of what is seen in western nations [5].

It is a GI tract functioning disorder. When IBS is diagnosed clinically, symptoms include abnormal bowel habits (constipation, mixed or diarrhoea), indigestion, heartburn, bloating and pain in the abdomen, feeling as though one is not quite finished defecating, and mucus in the stool. The patient in the current investigation was identified as Grahani roga (IBS). As a result, the patient received a course of abhyanga, vasma swedana, Ksheeradhara, and nasya along with oral medicines such as Deepana, Pachana, etc.

CASE PRESENTATION

A 50-year-old male patient was enrolled at Khemdas Ayurvedic Medical College and

Hospital's IPD with the registration number 232842. He lives in Dewas district in Madhya Pradesh. For the previous six months, the patient's main complaints were Muhurbaddha Muhurdravam (alternating between passing hard and loose bowel habits), Sarujam amaapakwa puti Malapravritti (painful, foul-smelling defecation in the form of ama-pakwa Avastha), Vairasya (tastelessness), Suktapaka (acid eructation), Trishna (extreme thirst), Daurbalya (weakness).

HISTORY OF PRESENT ILLNESS

The patient claims that, he was generally well before 10 months, then gradually developed symptoms- Muhurbaddha Muhurdravam (alternating constipation and diarrhea), sarujam ama-apakwa puti Malapravritti (painful, foul-smelling defecation in the form of ama-pakwa Avastha), Vairasya (tastelessness), Suktapaka (acid eructation), Trishna (extreme thirst), Daurbalya (weakness). After two month he gradually diagnosis with IBS. He received therapy from many allopathic facilities, but he did not get much improvement. Finally, the patient was hospitalized for treatment at our institute.

PAST HISTORY & FAMILY HISTORY

Antibiotics, proton pump inhibitors, and antacids were used inconsistently by the patient. His family's past showed that no such complaint had ever been made. However, he used to practice common

agnidushti nidana such as vega vidharana (suppression of natural desires), asatmya bhojana (unwholesome diet), visamasana (irregular dietary habit), and abhojana (fasting). However, no past history of DM, HTN seen, also no family history was present.

GENERAL AND SYSTEMATIC EXAMINATION

The patient appeared to be of slender build, standing 5 feet 13 inches tall and weighing 69 kilograms. Upon examination, the patient showed signs of moderate pallor. However, all other vital signs, including temperature, urine output, pulse rate, and respiration rate, were within normal limits. The patient's blood pressure was 128/78 mm Hg. reduced appetite, drastically reduced sleep, changed bowel patterns with 4-5 episodes of diarrhoea each day for two to three days, and constipation (for one to two days). The frequency of micturition was normal. No anomalies in the respiratory, central nervous, or cardiovascular systems were found. Abdominal palpation during GI system assessment reveals moderate widespread pain in abdomen.

INVESTIGATION

The haematological report showed that the following values were within normal ranges: TLC, DLC, ESR 20 mm/hr, haemoglobin 15.9 g/dL, and other haematological parameters. According to a serological analysis, FBS 90 mg/dL, PPBS 120 mg/dL,

LFT, and RFT were all normal. R/E and M/E urine revealed normal research. USG reveals mild hepatosplenomegaly.

TREATMENT

Shodhan Chikitsa

PROCEDURE	TIME DURATION
Sarvanga Abhanga with Dashmool Taila followed by Vaspa Sweda	10 days
Anuvasana Basti with Maha Tikta Ghritha	10 days

Shamana Chikitsa

MEDICINE	DURATION	DOSAGE
Swarna Parpati	1 BD before food	125 mg
Panchamrat Parpati	2 BD before food	250 mg
Bilvadi Gutika	2 BD	1gm
Sutashekar Rasa	2 BD	500mg

NOTE-The shaman chikitsa was given for duration of 60 days

RESULT AND OBSERVATIONS

After a complete examination and taking a proper history on the patient's initial visit to the outpatient department, the patient was admitted to the IPD for a period of Ten days, accompanied by the treatment schedule. After receiving therapies for ten days, the patient was discharged as he was feeling quite well. The patient was then instructed to take just oral medication along with the appropriate anupana and pathya, and a follow-up visit was requested after 20 days. He contacted the OPD after 20 days and reported that his bowel habit had improved along with improvements in other subjective metrics. He returned to the OPD after 20 days, and a marked improvement was observed. According to the patient's prior notification, investigations were also conducted on the 60th day. It displays the following data: haemoglobin is 12.5, and the ESR is 10 mm/hr.

DISCUSSION

Grahani roga is a sickness wherein certain nidanas cause Agni, especially jatharagni (the digestive power), to become vitiated. When Agni becomes dushta, avasthapaka is fully hindered, which leads to the production of Ama (undigested waste material).

Vatadi doshas, or samana vayu, pachaka pitta, and kledaka kapha, also become vitiated at the same time. However, if nidana sevana is allowed to continue at this point, vitiated vatadi doshas will vitiate grahani naadi, which will result in grahani roga. When the grahani naadi malfunctions, ama builds up and goes through the stool, combining to make pakva-apakva mala. Therefore, the goal of treatment should be to increase Agni's power, which will decrease Ama production. (Deva, March- 2019)

It is evident from the clinical symptoms that the patient was predominately of vata dosha. Thus, he benefited greatly from abhyanga with dashmoola taila [6], which possesses the qualities of vata-kapha shamak, ushna-virya, ushna-guru-vyavayi-vikashi guna,

and madhura rasa. Vaspa swedana also improves Agni and lessens vata-kapha dosha. In addition, nidra is induced and Agni is enhanced by abhyanga and swedana.

Anuvasana Basti(ch.chi.14/80) with Mahatiktaka Ghrita [7] is a balancing combination of 'Pitta-samana' drugs in a nourishing ghee base. It is dominant in 'Tikta rasa' or bitter taste act upon deranged Pitta and 'digest' it.

Swarna parpati [8] is used in the treatment of diseases affecting the digestive system.

Panchamrit Parpati [9] is mainly used in the management of diseases of the digestive system. This medicine is specially administrated in the disease called grahani (sprue, malabsorption).

Bilvadi Gutika [10] is an herbal formulation prepared with ingredients beneficial in controlling stomach upset due to indigestion or contaminated, improperly cooked food. It helps to relieve symptoms associated with diarrhea and dysentery such as pain in abdomen. The formulation also helps to improve appetite and digestion.

Sutshekhhar Rasa [11] Uses: It is used in the treatment of Dyspepsia, gastritis, vomiting, abdominal colic, cough, cold, diarrhoea, dysentery, bloating and indigestion. Balances Pitta.

The patient was improving wonderfully every day while taking all of these meds, and this improvement lasted for up to 20 days.

Following hospital discharge, the patient was taking only oral drugs, identical to those prescribed by the IPD. Investigations were conducted on the 60th day following the conclusion of the treatment, and the results showed a very noticeable change in haematological profiles. There was a moderate improvement in these two organizations. Therefore, the patient's overall improvement indicated that the treatment was successful. Thus, amapachana and Agni deepana are the primary therapeutic regimen for Grahani roga [12]. And in this patient, they were accomplished by the use of treatments and medication.

CONCLUSION

The treatment prescribed in this case, which included pathya ushnodaka & takra along with abhyanga, Anuvasana Basti and oral medications—Swarna parpati, panchamrit parpati, Bilvadi Gutika, Sutashekhhar Rasa had demonstrated a noteworthy improvement and response in this case of Grahani roga. Symptoms have moderately improved, indicating the need for long-term care to address this illness. We now have successful and efficient Ayurvedic treatment for Grahani roga that also cures its consequences thanks to this study. Thus, it is evident that IBS can be effectively treated with Grahani roga through its Ayurvedic management.

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