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FROM AGNIMANDYA TO GUT HOMEOSTASIS: THERAPEUTIC ROLE OF TAKRA BASTI IN GRAHANI ROGA

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ABSTRACT

Grahani Roga is one among the *Ashta Mahagada*, caused due to *Agnivaishamya* and involving *Grahani Ashraya Dushti*, leading to improper digestion and absorption. The condition manifests with *Muhurbaddha–Muhurdrava Mala Pravritti*, *Ajirna*, *Aruchi*, *Udarashoola* and chronic debility. Classical texts advocate *Takra* as a choice therapeutic agent in Grahani, and *Takra Basti*, is indicated for *Kapha-Vata Pradhana Grahani* owing to its *Deepana*, *Pachana*, *Grahi* and *Agni-Vardhaka* properties. **Aims and Objectives**: To evaluate the clinical efficacy of Sadyovamana, Sadyovirechana followed by *Takra Basti* in the management of *Grahani Roga*. **Materials and Methods**: *Sadyovamana* and *Sadyovirechana* followed by *Takra Basti*, *Anuvasana Basti* with *Changeryadi Ghrutha* in *Kala Pattern*. **Result**: Significant improvement was observed in bowel frequency and consistency, appetite, digestion, abdominal discomfort, and overall strength, with sustained relief during follow-up. **Discussion**: *Takra Basti* is effectual due to its *Agni Deepana* action and *Grahi Guna*. It is *Kapha Vata Hara*, but does not aggravate *Pitta*. **Conclusion**: The present case demonstrates that *Takra Basti* is an effective and safe Panchakarma intervention in Grahani Roga, offering sustained symptomatic relief by addressing the disease at its root.

KEYWORDS: *Grahani Roga*, IBD, *Sadyovamana*, *Sadyovirechana*, *Takra Basti*.

INTRODUCTION

Grahani is a specialized structure situated between *Amashaya* and *Pakwashaya*, also called as *Pittadhara Kala*.[1] After the intake of food, the processes of *Dhāraṇa*, *Pācana*, *Śoṣaṇa*, and *Vimunchana* are carried out under the control of Grahaṇī.[2] Ācārya Cakrapāṇi elucidates Grahaṇī as the *Adhiṣṭhāna of Agni*, emphasizing that the functional integrity of Grahaṇī is entirely dependent on the status of *Jatharāgni*.[3]

Derangement of *Agni* leads to the formation of *Āma*, resulting in impaired digestion and absorption.[4] When *Mandāgni* prevails, Grahaṇī expels even improperly digested food, giving rise to *Grahaṇī Doṣa*. Ācārya Charaka describes Grahaṇī Roga as a *Kaṣṭasādhya Vyādhi*, while Ācārya Vāgbhaṭa includes it among the *Aṣṭa Mahāgadā*, highlighting its chronicity and complexity.[5] Grahaṇī Roga is classified as *Svatantra* when arising primarily due to Agnidūṣṭi, and *Paratantra* when it occurs secondary to conditions like *Atīsāra* and *Arśas*.

Nidana[6]

It includes *Abhojana, Ajeerna, Atibhojana, Vishamashana*, intake of *Asatmya Ahara*, Due to other *Vyadhi, Vaishamya of Desha, Kala and Rutu.*

Samprapti[7]

When the person indulges in the above-mentioned causative factors, the *Agni* gets vitiated, which hampers the functioning of the *Grahani*, leading to the expulsion of both digested and undigested food.

Lakshanas[8]

Atisrushta Atibhaddha Mala(alternating loose stools and constipation), *Arochaka* (tastelessness), *Praseka* (salivation), *Jwara* (fever), *Chardi* (vomiting), *Shuna padakara.*

Inflammatory Bowel Disease (IBD) is a group of chronic, relapsing inflammatory disorders of the gastrointestinal tract characterized by periods of remission and exacerbation.[9] It primarily includes Ulcerative Colitis (UC) and Crohn's Disease (CD), both of which significantly impact patients' physical health, psychological well-being, and quality of life. Over the past few decades, the global burden of IBD has increased substantially, with rising prevalence not only in Western countries but also in newly industrialized regions such as Asia, including India, suggesting a strong influence of environmental and lifestyle factors.

Ulcerative Colitis is limited to the colon and rectum, involving continuous mucosal inflammation, whereas Crohn's Disease can affect any part of the gastrointestinal tract from mouth to anus and is characterized by transmural, segmental inflammation.[10] The etiology of IBD is multifactorial and remains incompletely understood; however, it is widely accepted to involve a complex interplay between genetic susceptibility, immune dysregulation, intestinal microbiota imbalance, and environmental triggers such as diet, infections, smoking, and stress.

The pathogenesis of IBD involves an inappropriate and exaggerated immune response to intestinal microbial antigens, leading to persistent inflammation, disruption of the epithelial barrier, and tissue damage.[11] Chronic inflammation results in various local and systemic complications, including strictures, fistulae, gastrointestinal bleeding, malabsorption, anemia, growth retardation, colorectal cancer, and extra-intestinal manifestations affecting the joints, skin, eyes, and hepatobiliary system.

Modern management of IBD aims to induce and maintain remission, prevent complications, and improve quality of life. Despite significant advances, long-term management remains challenging due to disease chronicity, drug-related adverse effects, and frequent relapses, highlighting the need for comprehensive and integrative approaches to care.

Here is a single case study of a 27-year-old female patient, with complaints of increased frequency of defecation and diagnosed with IBD, effectively managed through *Sadyovamana, Sadyovirechana and Takra Basti.*

CASE REPORT

Chief complaint

C/O Increased frequency of defecation - 4-5 times/day since 2 years.

Associated complaint

It is associated with indigestion, bloating of abdomen prior to passing stool and nausea.

History of present Illnes

A female patient aged 27 years, not a K/C/O of Hypertension/ Diabetes Mellitus/ Thyroid Dysfunction was apparently normal 2 years ago, when she gradually developed increased frequency of defecation, 4-5 times/day. She feels like passing stool immediately after taking food which is mixed with mucus and is in semi digested, semi solid form. It is associated

with abdominal pain and bloating prior to passing stool. She also C/O indigestion, bloating of abdomen and occasional nausea, which aggravates on taking wheat, maida and spicy food. Not associated with blood mixed stool/ burning defecation/ weight loss / fever. She approached various hospitals and underwent scans, where she was diagnosed with Inflammatory Bowel disease and took medication, which only provided temporary relief. So, she approached SJGAUH Bengaluru for further management.

Family History: Nothing Significant.

Personal History

Table no.: 1 showing Personal History.

Name –XYZ	Sleep – sound
Age – 27years	Bowel habit – 4-5 times/day, mixed with mucus, semi digested, semi solid
Sex – Female	Appetite – reduced
Marital status – Married	Weight -59 kg
Occupation - Student	Height – 164 cm
Bala – Madhyama	Addiction – none

Astha Sthana Pareeksha

Table no.: 2 showing Astha Sthana Pareeksha.

Nadi – 78/min	*Shabda- Prakruta*
Mutra- Prakruta, 5-6 times/day	*Sparsha- Anushna Sheeta*
Mala- 4-5 times/day, mixed with mucus, semi digested, semi solid	*Druk- Prakruta*
Jihwa- Lipta	*Akruti- Madyama*

Dasha Vidha Pareeksha

Table no.: 3 showing Dasha Vidha Pareeksha.

Prakruti – Kapha Pittaja	*Pramana – Madhyama*
Dosha – Kapha vataja	*Satva – Madhyama*
Dushya – Rasa, anna	*Satmya – Katu pradhana*
Sara – Madhyama	*Ahara Shakthi Abhayavarana Shakthi-madyama Jarana Shakthi- avara*
Samhanana – Madhyama	*Vyayama Shakthi – madyama*
Vaya – Madhyama	*Bala – Madhyama*

Nidana Panchaka

Table no.: 4 showing Nidana Panchaka.

Nidana	Excess intake of Katu rasa ahara, vishamashana
Poorvaroopa	Abdominal Bloating
Rupa	Passes stool 4-5 times/day, mixed with mucus, semi

	digested, semi solid
Upashaya Anupashaya	Aggravated by intake of wheat, maida and spicy food

Samprapti Ghataka

Table no.: 5 showing Samprapti Ghataka.

Dosha	*Kapha vata Pradhana Tridosha*
Dushya	Rasa, Anna
Agni	*Jataraagni*
Agni dhushti	*Mandaagni*
Srotas	*Annavaha, Rasavaha, Pureeshavaha*
Srotodushti	*Atipravrutti*
Udhbhavastana	*Grahani*
Sancharastana	*Grahani*
Vyaktastana	Grahani
Adhishtana	Grahani
Rogamarga	*Abhayantara*
Sadhyaasadhyata	*Sadhya*

SYSTEMIC EXAMINATION

- CNS – Conscious and oriented to time, place, person
- CVS- S1 and S2 heard, no murmurs heard
- R S – B/L NVBS heard, no added sounds heard
- GIT- Soft , distended

Tenderness + in – Right iliac, R Lumbar, Hypogastrium and Umbilical areas

- Height- 164cm
- Weight- 59kg
- BMI – 22.8 kg/m^2

INVESTIGATION

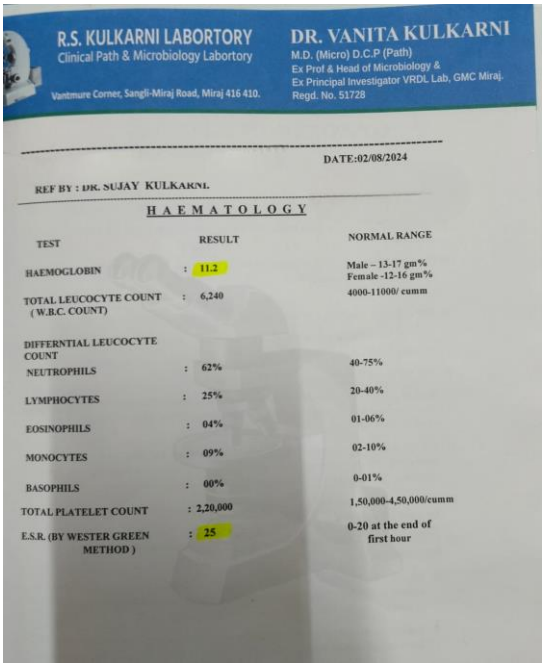
Hemoglobin – 11.2 g%

ESR – 25

Histopathology report – Chronic non specific ileitis

Endoscopy – Non erosive Antral Gastritis

Colonoscopy – Terminal Ileal Ulcers? IBD.



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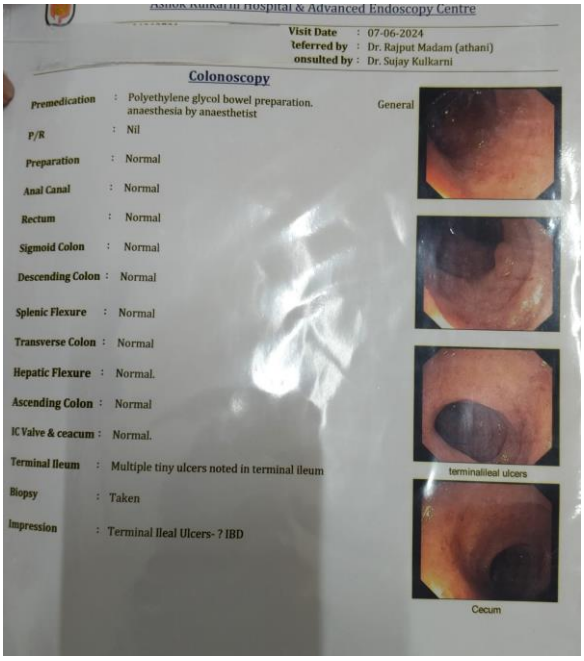
REF BY : DR. SUJAY KULKARNI.

HAEMATOLOGY

TEST	RESULT	NORMAL RANGE
HAEMOGLOBIN	: 11.2	Male – 13-17 gm% Female -12-16 gm%
TOTAL LEUCOCYTE COUNT (W.B.C. COUNT)	: 6,240	4000-11000/ cumm
DIFFERNTIAL LEUCOCYTE COUNT		
NEUTROPHILS	: 62%	40-75%
LYMPHOCYTES	: 25%	20-40%
EOSINOPHILS	: 04%	01-06%
MONOCYTES	: 09%	02-10%
BASOPHILS	: 00%	0-01%
TOTAL PLATELET COUNT	: 2,20,000	1,50,000-4,50,000/cumm
E.S.R. (BY WESTER GREEN METHOD)	: 25	0-20 at the end of first hour

Fig no: 1 showing CBC reports.



Ashok Kulkarni Hospital & Advanced Endoscopy Centre

Visit Date : 07-06-2024
Referred by : Dr. Rajput Madam (athani)
Consulted by : Dr. Sujay Kulkarni

Colonoscopy

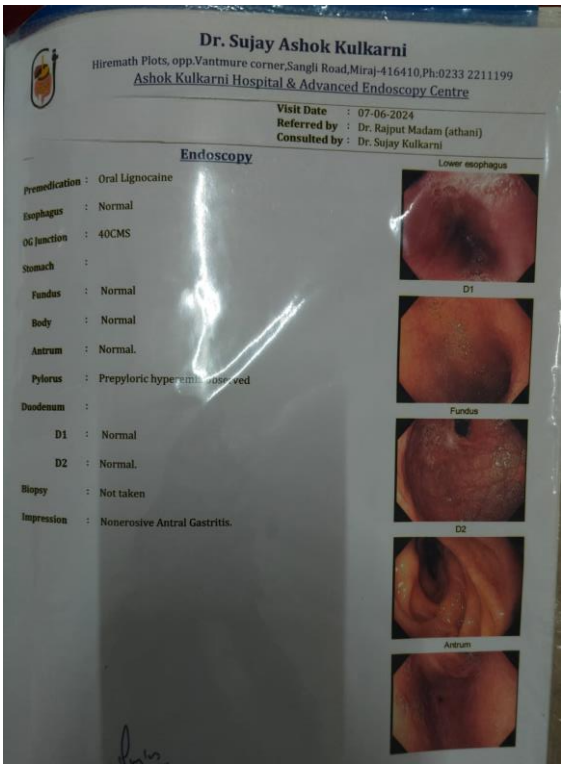
Premedication	: Polyethylene glycol bowel preparation. anaesthesia by anaesthetist
P/R	: Nil
Preparation	: Normal
Anal Canal	: Normal
Rectum	: Normal
Sigmoid Colon	: Normal
Descending Colon	: Normal
Splenic Flexure	: Normal
Transverse Colon	: Normal
Hepatic Flexure	: Normal.
Ascending Colon	: Normal
IC Valve & ceacum	: Normal.
Terminal Ileum	: Multiple tiny ulcers noted in terminal ileum
Biopsy	: Taken
Impression	: Terminal Ileal Ulcers- ? IBD

General

terminalileal ulcers

Cecum

Fig no: 2 showing Colonoscopy reports.



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Ashok Kulkarni Hospital & Advanced Endoscopy Centre

Visit Date : 07-06-2024
Referred by : Dr. Rajput Madam (athani)
Consulted by : Dr. Sujay Kulkarni

Endoscopy

Premedication	: Oral Lignocaine
Esophagus	: Normal
OG Junction	: 40CMS
Stomach	:
Fundus	: Normal
Body	: Normal
Antrum	: Normal.
Pylorus	: Prepyloric hyperemia observed
Duodenum	:
D1	: Normal
D2	: Normal.
Biopsy	: Not taken
Impression	: Nonerosive Antral Gastritis.

Lower esophagus

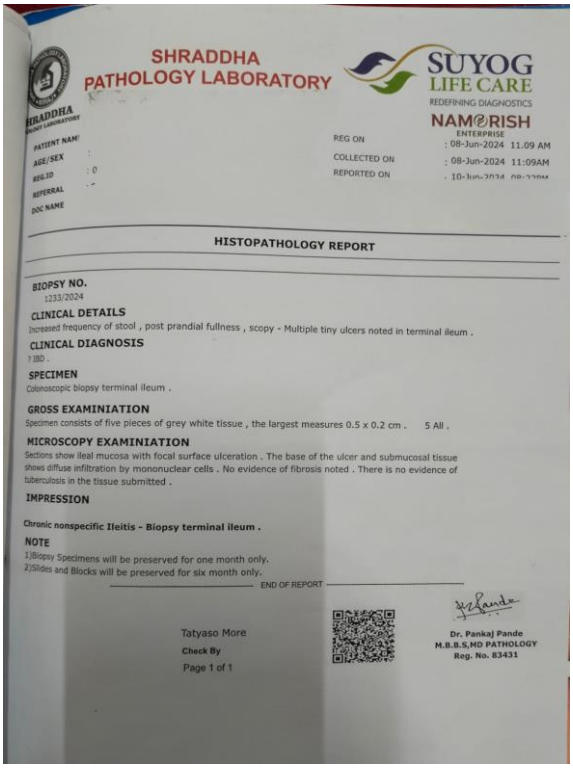
D1

Fundus

D2

Antrum

Fig no: 3 showing Endoscopy reports.



SHRADDHA PATHOLOGY LABORATORY

SUYOG LIFE CARE
REDEFINING DIAGNOSTICS
NAMRISH ENTERPRISE

PATIENT NAME
AGE/SEX
REG.ID
REFERRAL
DOC NAME

REG ON : 08-Jun-2024 11.09 AM
COLLECTED ON : 08-Jun-2024 11:09AM
REPORTED ON

HISTOPATHOLOGY REPORT

BIOPSY NO.
1233/2024

CLINICAL DETAILS
Increased frequency of stool , post prandial fullness , scopy - Multiple tiny ulcers noted in terminal ileum .

CLINICAL DIAGNOSIS
? IBD .

SPECIMEN
Colonoscopic biopsy terminal ileum .

GROSS EXAMINIATION
Specimen consists of five pieces of grey white tissue , the largest measures 0.5 x 0.2 cm . 5 All .

MICROSCOPY EXAMINIATION
Sections show ileal mucosa with focal surface ulceration . The base of the ulcer and submucosal tissue shows diffuse infiltration by mononuclear cells . No evidence of fibrosis noted . There is no evidence of tuberculosis in the tissue submitted .

IMPRESSION
Chronic nonspecific Ileitis - Biopsy terminal ileum .

NOTE
1)Biopsy Specimens will be preserved for one month only.
2)Slides and Blocks will be preserved for six month only.

END OF REPORT

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Check By
Page 1 of 1

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Fig no: 4 showing Histopathology reports.

TREATMENT PROTOCOL

Table no: 6 showing Treatment Protocol.

Treatment	Date	Duration
Sadyovamana – with ksheera, Yashti Madhu Kashaya and Ushna Jala	12/12/2025	1 day
Sadyovirechana – with 15 ml Gandharvahastadi Eranda	13/12/2025	1 day
Takra Basti in Kala Pattern Anuvasana Basti with Changeryadi Ghrutha	14/12/25 – 23/12/25	10days

Takra Basti–

Table no: 7 showing Composition of Takra Basti.

Honey	60 ml
Saindava	10 gm
Changeryadi Ghrutha	70ml
Shathapushpa+Musta + Panchamruta Parpati	20gm
Musta Amalaki Siddha Takra	260ml
Total	420 ml

Anuvasana basti with *Changeryadi Ghrutha* – 60ml.

14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12
		N	N	N	N	N	N		
A	A	A	A	A	A	A	A	A	A

Preparation of Musta Amalaki Siddha Takra

1. 20 gm of Musta powder is boiled in 150 ml of ksheera + 150 ml of water and reduced to 150 ml the previous night. For this, 10 ml of curd is added and kept overnight.
2. Amalaki kashaya is prepared by adding 30 gm of Amalaki choorna to 200 ml of water, boiling and reducing it to 100 ml.
3. This kashaya is then churned with the dadhi prepared out of Musta ksheera.

Shamanushadhi

1. *Chitrakadi Vati 1-1-1 A/F*
2. *Mustakarishta 15ml-0-15ml.*

OBSERVATION AND RESULTS

Patient was evaluated before and after treatment. After Sadyovamana, Patient reported improvement in Nausea and appetite. After Sadyovirechana, patient reported improvement in urgency of defecation.

Table no.: 8 showing Observation and results after Takra Basti.

Parameters	Befor treatment	After Treatment
Frequency of defecation	4-5	2
Defecation after intake of food	Present	Absent
Ajeerna	Present	Absent
Consistency of stool	Semi solid	Solid
Presence of mucus	Present	Rarely
Nausea	Present	Absent
Abdominal Pain	Present	Absent

DISCUSSION

Inflammatory Bowel disease is an autoimmune mediated chronic intestinal condition, comprising Ulcerative colitis and Crohn's disease. Under physiologic conditions, homeostasis exists between the intestinal microbiota, intestinal epithelial cells and immune cells within the tissues. When this is affected by specific environmental and genetic factors in a susceptible host, it disrupts the homeostasis, which culminates in a chronic state of dysregulated inflammation.[12]

Grahani is one amongst *Ashta Mahagada,* which affects the *Pachana kriya* of *Ahara*, and occurs due to *Agnidushti*. The patients was diagnosed as a case of *Kapha Vataja Grahani* and was treated along the same lines

Role of *Sadyovamana and Sadyovirechana*

Sadyovamana is a procedure where *Vamana* is carried out immediately without following any *PurvaKarmas* like *Deepana-Pachana, Snehana, Swedana. Sadyovamana* is advised in *Grahani* with Koshna Jala, if the patient has *lakshanas of Kaphotklesha* like Praseka, Hrullasa, Aruchi and Gaurava.[13] As per the adage *Vamite vardhate vahni*,[14] the patient's appetite improved and reported lightness of body after *Sadyovamana* was carried out .The *utlklesha Kapha* and *Amashayagata Ama* was removed. The next day, the patient was advised *Sadyovirechana for Vatanuloma*.

The mucosal immune system does not normally elicit an inflammatory immune response to luminal contents due to oral tolerance. Administration of soluble antigens orally leads to antigen specific control of the response and the host's ability to tolerate the antigen and lack of immune responsiveness to dietary antigens. In IBD, this suppression of inflammation is altered leading to uncontrolled inflammation.[15] Through *Sadyovamana and Sadyovirechana*,

some of these inflammatory mediators are expelled. It is even more beneficial as the patient had mild non erosive Antral Gastritis.

Role of *Takra Basti*

Takra is indicated in *Grahani roga* because of its *Grahi* and *Deepana properties.* Due to its *Kashaya Rasa, Ushna Virya, Rukshatva and Vikasitva*, it is *Kaphahara.* Because of *Madura Amla Rasa* and *Sandra Guna it is Vatahara*. Because of *Madhura Vipaka* it does not cause *Pitta Prakopa.*[16]

The endogeneous microbiota play a major role in the pathogenesis of IBD. The maintainence of intestinal microbiota is under the control of the host, environment and genetic factors. It has major influence on the epithelial and immune function of the host, which through epigenetic effects may have durable consequences. This gut dysbiosis leads to the disease manifestation.[17] According to a study, rectal administration of Buttermilk showed changes in faecal microbiota[18], thus it may alter the gut dysbiosis and hence actively manage IBD. Buttermilk is a known probiotic and used regularly as a part of the Indian diet. Milk fat globule membrane (MFGM) proteins in buttermilk are known to have cholesterol-lowering, antiviral, antibacterial, and anticancer properties.[19]

This Buttermilk was processed with Musta and Amalaki. Musta contains Cyperol, mustakone, rotundone, Beta Sitosterol etc which are anti inflammatory and anti diarrhoeal. Amalaki contains Vit C, phyllembin, linolic acid etc., and regulates the microbiome structure and restore homeostasis by elevating useful bacterial abundance, while simultaneously decreasing harmful bacterial abundance.[20]

Role of *Changeryadi Ghrutha*[21]

Changeryadi Ghrutha is directly indicated in Grahani Roga and is Kapha Vata Hara. It contains druga like Nagar, Pippalimula, Chitraka etc, which does Agni Vardhana and Vedanashamana.

Role of *Panchamruta Parpati*

Pancharita Parapti has Dipana, Pacana, Grahi, Laghu, Aruchi-Nasaka, Antiemetic, and Antidiarrhoeal characteristics.

CONCLUSION

Grahani Roga, characterized by *Agnivaishamya* and *Grahani Ashraya Dushti*, shares close clinical and pathophysiological similarities with Inflammatory Bowel Disease, particularly in terms of chronic intestinal inflammation, altered bowel habits, impaired digestion, and compromised nutrient absorption. The present study highlights the role of *Panchakarma* interventions—specifically *Sadyovamana* and *Sadyovirechana* followed by *Takra Basti*—are effective in restoring digestive function and bowel regularity. Sustained symptomatic improvement indicates that this approach addresses the disease at its root by stabilizing *Agni* and *Grahani*.

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