

## MANAGEMENT OF GRAHANI ROGA IN AYURVEDA: A CASE STUDY

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### ABSTRACT

In present era, *Grahani Roga* is a common GI Tract disorder affecting the daily life because of its direct link with improper food habits and stressful lifestyle. *Grahani* is the main functional part of *Mahasrota* in between *amashaya* & *pakwashaya*, also known as the 6<sup>th</sup> *kala* i.e. *Pittadhara Kala* where *jatharagni* resides and its main function is to hold the ahara upto the end of *avasthapaka* & after completion passes it into *pakvasaya*. Any individual if suffering from symptoms like alternate passing of hard & loose bowel habits, abdominal pain, passing of foul smelling stool, mucus in faecal matter can be diagnosed as *Grahani roga*. In modern science, above symptoms can be correlated with IBS(Irritable Bowel Syndrome). In IBS the wall of the intestine becomes sensitive to even mild stimulus which causes excess abdominal cramps & hence the bowel movement alters along with indigestion. In India, IBS affects about 15% of adult population. In this case, an effort was made to treat a 50 years old female patient having

symptoms like *Muhurbaddha Muhurdravam*, *sarujam ama-apakwa puti Malapravritti*, *bahusho bimunchati* etc. with *abhyanga*, *vaspa swedana*, *Ksheeradhara*, *nasya* and oral medications having properties like *dipana*, *pachana*, *medhya* etc. for 60 consecutive days. At the end of 60 days of treatment patient got highly significant improvement in symptoms as well as investigation.

**KEYWORDS:** *Grahani Roga, Grahani, Mahasrota, Pittadhara Kala, Irritable Bowel Syndrome, Ksheeradhara.*

## INTRODUCTION

*Grahani* is the seat of *Agni* (digestive fire), it retains the *ahara* (until it gets fully digested) and then passes it into *Pakwashya*(intestine).<sup>[1]</sup> *Grahani* is one of the important parts of *Mahasrotas* (GI tract) and according to *Acharya Sushruta* 6<sup>th</sup> *Pittadhara Kala* situated between *Amashaya* and *Pakwashaya* is called *Grahani*.<sup>[2]</sup> The disease in which *Grahani naadi* gets vitiated by the aggravated doshas produced from the impairment of *Agni* is called as *Grahani Roga*.<sup>[3]</sup> *Grahani roga* is the advance stage of *grahani dosa* where not only *vatadi doshas* get vitiated, but also *grahani naadi* also gets vitiated.<sup>[4]</sup> *Grahani roga* is the disorder of digestive system due to vitiation of *Pachaka pitta, Saman Vayu & Kledaka Kapha*. It occurs with the *lakshanas* or symptoms like *Muhurbaddha Muhurdravam* (alternate passing of hard & loose bowel habits), *sarujam ama-apakwa puti Malapravritti*(painful foul smelling defaecation in form of *ama-pakwa Avastha*), *bahusho bimunchati* (defaecation in large quantity), *Vairasya* (tastelessness), *Suktapaka*(acid eructation), *Trishna*(excessive thirst), *Daurbalya*(weakness), *manasa sadanam*(depression) etc.<sup>[5]</sup> Due to malabsorption and lack of nutrition, various complications due to predominance of *vata* become manifested like *swasa, kasa, gulma, hridroga, pliharoga, parikartika*.<sup>[6]</sup>

In modern concept, though the exact correlation of *Grahani roga* cannot be found but according to signs and symptoms and pathology of disease we can consider this clinical entity as Irritable Bowel Syndrome (IBS).<sup>[7]</sup> The wall of intestine exhibits rhythmic contraction called the peristaltic movements, which helps moves the contents in the tract. In IBS the wall of the intestine becomes sensitive to even mild stimulus which causes excess abdominal cramps & hence the bowel movement alters. In India, IBS affects about 15% of adult population and the ratio of male and female is 3:1 which is just reverse to the ratio in the western countries.<sup>[8]</sup> It is a functional disorder of GI tract. Clinically IBS shows symptoms like altered bowel habit i.e. constipation, diarrhoea or mixed type, abdominal pain and bloating, indigestion, heart burn, feeling of incomplete defecation, passage of mucus in stool etc. In present study, the case was diagnosed as *Grahani roga* (IBS). Hence the patient was administered with *Deepana, Pachana etc.* oral medication with a course of *abhyanga, vaspaswedana, Ksheeradhara & nasya*.

## MATERIALS AND METHODS

### Case Presentation

A 50 years old Hindu married female patient, residing at Hooghly district of West Bengal, was registered at IPD & OPD with registration no. N-0820287 in J.B. Roy State Ayurvedic Medical College and Hospital. The patient had chief complaints related to Grahani roga *Muhurbaddha Muhurdravam* (alternate passing of hard & loose bowel habits), *sarujam ama-apakwa puti Malappravritti* (painful foul smelling defaecation in form of ama-pakwa Avastha), *bahusho bimunchati* (defaecation in large quantity), *Vairasya* (tastelessness), *Suktapaka* (acid eructation), *Trishna* (excessive thirst), *Daurbalya* (weakness), *manasa sadanam* (depression) & *anidra* (insomnia) for the last 6 months.<sup>[9]</sup>

### History of Present Illness

Patient states that he was quite well 10 months back except agnimandya. Gradually, *patient had developed symptoms like Muhurbaddha Muhurdravam* (alternate constipation and diarrhoea), *sarujam ama-apakwa puti Malappravritti* (painful foul smelling defaecation in form of ama-pakwa Avastha), *bahusho bimunchati* (defaecation in large quantity), *Vairasya* (tastelessness), *Suktapaka* (acid eructation), *Trishna* (excessive thirst), *Daurbalya* (weakness), *manasa sadanam* (depression) & *anidra* (insomnia). Patient was clinically diagnosed IBS (type M) after 2 months and took treatment from different allopathic hospitals but not found much relief. All symptoms were gradually increased and ultimately patient appeared with *Karshya* (weight loss), *Svasa* (dyspnoea), *Kasa* (cough) & *Parikartika* (anal fissure) due to predominance of vata.<sup>[10]</sup> Lastly, patient had got admitted in this hospital for treatment.

### Past History & Family History

The patient used antacids, Proton Pump Inhibitors and antibiotics unevenly. Her family history revealed that there was no such complaint ever. But she used to take typical *agnidushti nidana* like *abhojana* (fasting), *visamasana* (irregular dietary habit), *asatmya bhojana* (unwholesome diet), *vega vidharana* (suppression of natural urges) etc.<sup>[11]</sup>

### General and Systemic Examination

Apparently the patient was of thin built having height 4ft 11inch & weight 58 kg. On examination of patient mild pallor was present and its vitals were within normal limit as BP 110/78 mm of Hg, pulse rate 80/min, respiratory rate 20/min, temperature normal & normal urine output. Appetite was low and sleep became significantly decreased, altered bowel

habits with alternate episodes of diarrhoea (4-5 times in day & night for 2-3 days) and constipation (for 1-2 days). Micturition frequency was normal. No abnormality detected in Cardiovascular system, Central nervous system and Respiratory system.

On examination of GI system, abdominal palpation shows mild diffuse tenderness in abdomen, per rectal examination shows sentinel tags which is indicative of anal fissure (*parikartika*). There was no sign of organomegaly or H/O active bleeding P/R & rectal prolapse.

### Investigation

Haematological report revealed that Haemoglobin- 11 g/dL, ESR 45mm/hr, TC, DC and other haematological parameters were within normal limits. Serological study revealed that FBS 90 mg/dL, PPBS 120 mg/dL, LFT & RFT were normal. Urine for R/E & M/E showed normal study. Routine examination of stool showed Pus cells 6-8/hpf, RBC 4-6/hpf & plenty vegetable cells present in the stool sample.

### Diagnostic Criteria

Based on chief complain, history of present illness, past history & clinical findings, the case was diagnosed as *Grahani roga* and with the help of investigation correlation with IBS was established.

### Treatment Schedule

Treatment schedule was prepared after ascertaining involvement of *Doshas*. The treatment was carried out in two phases. In 1<sup>st</sup> phase *Ksheeradhara*, *Nasya* after proper *abhyanga* & *swedana* and *Shamana Aushadhi* were given for 20 consecutive days (table no. 1) and in 2<sup>nd</sup> phase only *shamana Aushadhi* was given for next 40 days (table no. 2). *Ushnodaka* & *takra* were administered as *pathya*.

**Table 1: Phase I Management Schedule in first 20 days (IPD).**

Name Of The Therapy/Drug	Dose	Anupana	Time/Duration
<i>Abhyanga</i> with <i>Murchhita Tila Taila</i>	Q.S.	-	At 7am, 45 minutes
<i>Vaspa Swedana</i>	-	-	At 7:50am, 03 minutes
<i>Ksheeradhara</i>	2 litre	-	At 8am, 45 minutes
<i>Nasya</i> with <i>Goghrita</i>	2 drops in each nostril	-	At 8:50am
<i>Shivakshar Pachana Churna</i>	3gm	<i>Ushnodaka</i>	twice a day before meal (noon & night)

<i>Chitrakadi Vati + Mahashankha Vati</i>	500mg(2 pills) +500mg(2 pills)	Ushnodaka	twice a day after meal (noon & night)
<i>Brahmi Vati</i>	250mg(2 pills)	<i>Madhu</i>	twice a day (morning & evening)

**Table 2: Phase II Management Schedule in next 40 days (OPD).**

Name Of The Therapy/Drug	Dose	Anupana	Time/Duration
<i>Shivakshar Pachana Churna</i>	3gm	<i>Ushnodaka</i>	twice a day before meal (noon & night)
<i>Chitrakadi Vati + Mahashankha Vati</i>	500mg(2 pills) +500mg(2 pills)	<i>Ushnodaka</i>	twice a day after meal (noon & night)
<i>Manas Mitra Vatakam</i>	250mg(2 pills)	<i>Ksheera</i>	twice a day (morning & evening)

**RESULT AND OBSERVATIONS**

On the day of first visit of OPD after getting proper history and thorough check up the patient was done to admit in IPD for twenty days along with treatment schedule (*phase I*) which was depicted in table no.1. After twenty days patient was discharged on the request of patient party as she was feeling very well after getting the therapies of Phase I. Then only oral medication with proper *anupana* and *pathya* had been advised to the patient and asked to follow-up visit after 20 days. After 20 days (40<sup>th</sup> day from 1st visit) she had visited at OPD and as per her statement bowel habit was corrected along with improvement of other subjective parameters. After 20 days (60<sup>th</sup> day from 1st visit) she had visited again at OPD and very significant improvement was seen. On 60<sup>th</sup> day investigations also were carried as per pre-intimation to the patient. It shows following results i.e. Haemoglobin- 12.5, ESR- 10mm/hr and routine examination of stool showed Pus cells 1-2/hpf, no RBC & very few vegetable cells present in the stool sample. The improvement of subjective parameters is attached below (table no.3):

**Table 3: Improvement of Subjective criteria after treatment.<sup>[12]</sup>**

Sl no.	Clinical Features	BT	AT			Improvement
			Phase I 20 <sup>th</sup> day	Phase II		
				40 <sup>th</sup> day	60 <sup>th</sup> day	
1.	Muhurbaddha Muhurdravam	+++	++	++	+	Moderate
2.	sarujam Malapravritti	+++	++	+	-	Excellent
3.	ama-apakwa Malapravritti	+++	+	+	-	Excellent
4.	puti Malapravritti	++	++	+	-	Excellent
5.	bahusho bimunchati	++	++	-	-	Excellent
6.	Vairasya	+	+	-	-	Excellent
7.	Suktapaka	+++	++	+	-	Excellent
8.	Trishna	++	+	-	-	Excellent

9.	<i>Daurbalya</i>	++	+	-	-	Excellent
10.	<i>Manasa sadanam</i>	++	++	+	+	Moderate
11.	<i>Anidra</i>	+++	++	+	-	Excellent
12.	<i>Karshya</i>	++	++	+	-	Excellent
13.	<i>Svasa</i>	+	+	-	-	Excellent
14.	<i>Kasa</i>	++	+	-	-	Excellent
15.	<i>Parikartika</i>	++	+	+	+	Moderate

## DISCUSSION

*Grahani roga* is a syndrome in which *Agni* especially *jatharagni* (the digestive power) gets vitiated after consumption of certain *nidan*as and when *Agni* becomes *dushta*, *avasthapaka* completely gets hampered & as a result *Ama* (undigested waste material) is produced. Simultaneously, *vatadi doshas* i.e. *samana vayu*, *pachaka pitta* & *kledaka kapha* also become vitiated. But when *nidana sevana* is not restricted at this stage, then vitiated *vatadi doshas* vitiate *grahani naadi* to produce *Grahani roga*. Due to malfunctioning *grahani naadi*, *ama* gets accumulated & it passes through the stool to form a mixture of *pakva-apakva mala*. So aim of treatment should be to enhance the potency of *Agni*, thereby reducing the formation of *Ama*.

From the clinical features, it is clear that the patient had predominance of *vata dosha*. So, *abhyanga* with *tila taila* which has *madhura rasa*, *ushna-guru-vyavayi-vikashi guna*, *ushna virya*, *vata-kapha shamak* property was very much beneficial to her.<sup>[13]</sup> *Vaspa swedana* also mitigates *vata-kapha dosha* and enhance *Agni*. Along with that, *abhyanga* followed by *swedana* is helpful to enhance *Agni* and induces *nidra*.<sup>[14]</sup>

On the other hand, *dhara* was given by *goksheera*. *Ksheera* has *madhura rasa*, *snigdha-sita guna* and *karma* like *prinana* (nourishing), *brimhana* (anabolic), *balya* (gives strength), *manaskara* (improves psychological health) etc.<sup>[15]</sup> Especially *goksheera* has 10 properties like *swadu*, *shita*, *mridu*, *snigdha*, *bahala*, *slakshna*, *picchila*, *guru*, *manda* & *prasanna* which all signifies its *vata-pitta shamak* activity.<sup>[16]</sup> *Dhara* as *upakarma*, is a *shamaniya swedana* procedure done with *snigdha-drava dravya* and it has properties like stabilization of *dehagni*, *varna* and *oja*, *indriya prasada* & ideal for *dhatuposhana*.<sup>[17]</sup> So, patient was greatly benefited by the application of *Ksheeradhara*.

*Nasya* with *Goghrita* which enhances *smriti*, *buddhi*, *agni*, *shukra*, *oja* etc. can correct *jatharagni* as well as mitigates aggravated *vata dosha*.<sup>[18]</sup> So, by the application of *nasya*, *agni* becomes enhanced and the complications also become alleviated.



The oral medications like- *Shivakshara Pachana Churna* has an excellent activity of *ama pachana*.<sup>[19]</sup> *Chitakadi Vati* & *Mahashankha Vati* both has properties like *deepana*, *pachana*, *grahi*, *shulaghna*, *vata-kapha shamana* etc. and with the help of these properties, these drugs act as excellent medication in GI tract diseases.<sup>[20,21]</sup> *Brahmi Vati* (with *madhu anupana*) is also a very good drug to prevent anxiety & stress, induce sleep & alleviate *vata*.<sup>[22]</sup> By all of these medications patient was nicely improving day by day and it was continued upto 20 days.

After discharge from hospital, the patient was on only oral medications just same as IPD medications except *Brahmi Vati*. *Manas Mitra Vatakam* (with *Ksheera anupana*) was given in the place of *Brahmi Vati* to promote psychological health by inducing sleep.<sup>[23]</sup> The only medication phase (phase II) was continued upto 40 days. After completion of two phase treatment, investigations were done on 60<sup>th</sup> day and have got very significant improvement in haematological and stool profile. In the view of clinical features, excellent improvement happened in 13 entities except *muhurbaddha muhurdravam* and *manasa sadanam*. Moderate improvement was happened in these two entities. So, overall improvement of the patient signified the success of the treatment. So, *amapachana* and *Agni deepana* are the main line of treatment of *Grahani roga*.<sup>[24]</sup> And by the application of therapies and medications, these were successfully done in this patient.

## CONCLUSION

In the present case, as the treatment given here like *abhyanga*, *Ksheeradhara*, *nasya* and oral medications- *Shivakshara Pachana Churna*, *Chitakadi Vati*, *Mahashankha Vati*, *Brahmi Vati*, *Manas Mitra Vatakam* along with *pathya ushnodaka* & *takra* had showed good remarkable improvement and response in this case suffering from *Grahani roga*. Moderate improvement of two symptoms has signified the need of long term treatment to treat this disease. This study has given us a successful as well as effective Ayurvedic management in *Grahani roga* also curing its complications. Hence, it can be clearly depicted that IBS can be cured with special reference to *Grahani roga* by its Ayurvedic management.

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