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SHORT BOWEL SYNDROME THROUGH THE LENS OF GRAHANI ROGA: AN INTEGRATIVE REVIEW OF PATHOPHYSIOLOGY AND MANAGEMENT

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ABSTRACT

Background: Short Bowel Syndrome (SBS) is a complex malabsorptive state resulting from extensive surgical resection of small intestine, usually <200 cm of remaining bowel. It presents with chronic diarrhoea, steatorrhea, dehydration, malnutrition, and dependence on Total Parenteral Nutrition (TPN). Modern management is limited to supportive care and intestinal adaptation with GLP-2 analogues. In Ayurveda, a similar syndrome with altered bowel function, malabsorption and deranged Agni is described as Grahani Roga. **Aim:** To establish conceptual correlation between SBS and Grahani Roga and to explore Ayurvedic management principles for integrative care of SBS. **Materials & Methods:** Classical Ayurvedic texts and modern literature were reviewed. Results: SBS shows close resemblance to vataja and sannipataja grahani with mandagni and ama. Symptoms like muhurbaddha muhur drava mala pravritti (intermittent loose and formed stools), atisrushta mala, trishna, daurbalya correlate with SBS. Principles of deepana, pachana, grahi, stambhana and takra prayoga offer potential for enhancing intestinal adaptation. Conclusion: SBS can be understood as a grahani-dushti vikara. An integrative approach centered on agni deepana and grahani chikitsa may help in reducing TPN dependence and improving nutritional status.

KEYWORDS: Short Bowel Syndrome, Grahani Roga, Malabsorption, Mandagni, Takra, Intestinal Adaptation.

INTRODUCTION

Short Bowel Syndrome is defined as the malabsorptive condition occurring after resection of >50% of small intestine, leaving less than 200 cm of small bowel. Common causes are mesenteric ischemia, Crohn's disease, midgut volvulus, trauma and malignancy. Incidence is 3-5 per million. About 75% of cases of SBS develop after a single, massive resection of bowel; whereas, the remaining 25% occur after multiple resections. Around two-thirds of patients who develop SBS survive their initial hospitalization, and a similar number survive their first year after developing SBS. Age and underlying disease primarily determine a patient's long-term outcome. The clinical course has 3 phases: Acute (hypersecretory), Adaptation (1-2 years), and Maintenance phase.Modern treatment includes high-dose ORS, anti-motility agents, TPN, and Teduglutide. Long-term TPN leads to liver failure, sepsis, and high cost.

In Ayurveda, Grahani is described as the organ situated between Amashaya and Pakwashaya, above Nabhi. It is called Pittadhara Kala and is the seat of Jatharagni. Grahanaat Grahani - it holds food till digestion. When Agni is impaired, Grahani is impaired, leading to Grahani Roga. (Charaka Ch. 15/56).

MATERIALS AND METHODS

Literature search was done from Ayurvedic classics and modern textbooks using terms Short Bowel Syndrome, Grahani Roga, Malabsorption.

OBSERVATION - CONCEPTUAL CORRELATION

Samprapti of Grahani Roga

Due to Mithya Ahara Vihara - Mandagni develops. Food is not digested, becomes Ama, which vitiates Grahani and leads to Muhur Baddha Muhur Drava Mala Pravritti - cardinal symptom of Grahani Roga which is exactly seen in SBS due to rapid transit.

Symptomatic Correlation

1. Chronic Diarrhoea / Steatorrhea = Atidrava, Picchila Mala Pravritti.
2. Malnutrition, Weight loss = Dhatu Kshaya, Karshya, Daurbalya.
3. Dehydration, Thirst = Trishna, Mukha Shosha.
4. Acidosis, Fatigue = Amlika, Glani, Alasya.
5. Small intestinal bacterial overgrowth in SBS = Ama formation and Annavisha in Grahani.

Hence SBS is best correlated to Vataja Grahani (Atisrishta Drava Mala, Shushka Mukha, Parshva Shoola) and advanced stage Sannipataja Grahani.

DISCUSSION - INTEGRATIVE MANAGEMENT

Modern management focuses on reducing stool output and TPN. Ayurveda focuses on Agni Deepana - restoring function of residual bowel.

Phase-wise Ayurvedic Protocol:

Phase 1 - Acute Phase (Hypersecretion):

- Langhana
- Ushna Jala
- Deepana: Shunthi, Musta, Dhanyaka Hima
- Takra with Deepana dravyas

Phase 2 - Adaptation Phase (Most Important)

This phase corresponds to Grahani trying to adapt. Aim is Deepana-Pachana.

- Chitrakadi Vati / Marichyadi Churna: For Deepana.
- Pippali Vardhamana Rasayana: For Brimhana and intestinal hypertrophy - modern adaptation.
- Panchamrita Parpati: Best Grahani Balya, increases absorption.
- Bilva Avaleha / Bilva Churna: Contains marmelosin – mucoprotective, stambhana. Phase 3 - Maintenance Phase.
- Takra Prayoga: Charaka says "*Na Takra Sevina Desho, Na Grahani*" - No relapse if Takra is used. Takra is probiotic, Laghu, Deepana, Grahi. Takra with Trikatu or Panchakola is ideal for SBS.
- Ghrita: Chitrak Ghrita, Dadimadi Ghrita - For Agni and weight gain.
- Kutaja Ghanavati: For persistent diarrhea.
- Diet: As per Grahani Pathya - Laghu, Ushna, Snigdha, Takra, Dadima, Moong Yusha. Small frequent meals, low oxalate, high protein. Avoid Guru, Sheeta, Ruksha Ahara.

CONCLUSION

SBS is a surgically created Grahani Roga. Modern medicine lacks Agni concept. Ayurvedic principles of Grahani Chikitsa like Deepana, Pachana, Grahi, Takra, Parpati etc provides a logical and cost-effective integrative model to enhance intestinal adaptation, reduce stool frequency and improve quality of life. Clinical studies integrating Takra, Bilva, Pippali in SBS

patients are the need of hour.

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