

**THERAPEUTIC ACTION OF TAKRABASTI IN GRAHANI ROGA: A
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ABSTRACT

Grahani Roga is an important disorder described in Ayurveda, primarily involving impairment of Agni and disturbance of the normal functioning of Grahani, resulting in irregular digestion and abnormal bowel movements. The pathogenesis of Grahani involves Agnimandya, Dosha Dushti and impaired digestion and absorption, with Vata playing a major role in the manifestation of irregular bowel movements. Takra is traditionally described as Laghu, Grahi, Deepana and beneficial in disorders associated with impaired digestion and bowel function. Takrabasti, in which Takra is administered as an Avapa dravya in Basti therapy, provides a therapeutic approach aimed at correcting Agni, regulating Vata and restoring the physiological function of Grahani. This review consolidates the classical Ayurvedic understanding of Grahani Roga and

Takrabasti with findings from contemporary clinical literature to provide an integrated perspective on its possible therapeutic role in IBS. The potential mechanisms include modulation of gastrointestinal motility, improvement of digestive function, regulation of gut microbial balance and support of intestinal mucosal function. Available clinical studies and reported evidence suggest that Takrabasti may contribute to improvement in stool frequency, consistency, abdominal discomfort, bloating and other gastrointestinal symptoms. However, the available evidence is limited by variations in study design, sample size and treatment protocols. Takrabasti may therefore be considered a promising Ayurvedic therapeutic

approach for Grahani Roga, while further well-designed clinical studies are required to establish its efficacy, mechanisms and safety.

KEYWORDS: Grahani Roga, Takrabasti, Takra, Irritable Bowel Syndrome (IBS), Agni, Basti.

INTRODUCTION

In Ayurveda, the concept of *Grahani Roga* is a disorder primarily associated with impairment of *Agni*. In *Charaka Samhita*, the description of *Grahani* is the organ that retains ingested food until complete digestion occurs.^[1] It releases it only after proper transformation. The normal functioning of *Grahani* depends upon the integrity of *Agni*; hence, *Agni and Grahani* are interdependent. When *Agni* becomes impaired, the normal process of digestion and absorption is disturbed, resulting in symptoms such as *Muhurbadha-Muhurdrava mala Pravritti, Agnimandya, Loulya, Aruchi, Tikta-amla loha udgara*^[2] and other symptoms resulting from disturbed digestion.

Ayurvedic management of *Grahani Roga* is primarily directed towards restoration of *Agni*, correction of *Dosha* imbalance through various panchakarma procedures including *Niruha basti, Anuvasana basti, Vamana and Virechana* to regulation *Agni* and for maintenance of proper digestion. Among the therapeutic measures described for such conditions, *Takra* holds a special place because of its classical attributes and digestive benefits. *Takra* is described as *Laghu, Ruksha, Deepana* and *Grahi* properties and is traditionally utilised in disorders associated with impaired *Agni* such as *Udara roga, Arshas* and *Grahani roga*.^[3] Its use reflects the Ayurvedic principle of selecting dietary and therapeutic measures according to the state of *Agni* and *Dosha*. *Charaka Samhita* explains *Takra* as *basti dravya* under *Amlaskanda*, which is one among *Shadasthapanaskanda*.^[4] *Sushruta Samhita* mentions *Takra* as *avapa dravya* in *Grahi basti*.^[5] Hence, *Takra* is given as *Basti Dravya*

Basti Karma, particularly when administered through the rectal route, is considered an important therapeutic modality for disorders involving *Vata* and the lower gastrointestinal tract. The classical understanding of *Basti* extends beyond simple evacuation and includes regulation of *Dosha* and restoration of physiological functions.

Contemporary research has increasingly recognised the importance of the gut microbiota, intestinal barrier, gastrointestinal motility, visceral sensitivity and gut–brain interactions in

the pathophysiology of IBS. Takra, as a fermented dairy preparation, may also be considered in the context of fermented foods and their potential interaction with the intestinal microbial environment. However, direct evidence establishing the specific mechanisms and clinical efficacy of Takrabasti in Grahani Roga remains limited.

Therefore, a systematic understanding of Takrabasti from both classical Ayurvedic and contemporary perspectives is warranted. The present review attempts to examine the Ayurvedic rationale, classical basis, therapeutic principles and possible modern mechanisms of Takrabasti in Grahani Roga, while exploring its conceptual relationship with Grahani roga and identifying areas requiring further scientific investigation.

LITERATURE REVIEW

Takra

In Ayurveda, food is considered a powerful medicine and Takra is one of these. Takra is Agni deepaka in Guna, i.e., it improves hunger, and hence it is used in digestive problems. So, regular intake of Takra has been advised in classical texts. Takra has also been included in Takravarga and under the Pathya ahara and is called as Nectar on earth in Bhavprakash Samhita. Takrapana and its effect on health have been mentioned in Charak Samhita under the reference of Arsha and Grahani chikitsa.

Eight Important Characteristics of Takra as per Yoga Ratnakara^[6]

1. Kshut Vardhana- Improves appetite
2. Netra Rujapaha- Relieves eye disorders
3. Prana Pada- It is Pranadayaka
4. Shonita Mamsada- Rakta Mamsa Kara
5. Amahara- Relieves Ama
6. Abhigatahara- Causes relief in trauma
7. Kapha Hara- Pacifies Kapha dosha
8. Vata Hara- Pacifies Vata dosha

to different Samhitas.^[7,8,9,10,11]

Rasa Panchaka	Charaka Samhita	Sushruta Samhita	Ashtanga Sangraha	Ashtanga Hridaya	Bhava prakasha
Rasa	Kashaya Amla	Madhura Amla	Kashaya Amla	Amla Kashaya	Kashaya Madhura
Anurasa (The after taste)	-	Kashaya	-	-	-
Guna	Deepana, Grahi, Laghu	Laghu, Ruksh, Agnidipaka	-	-	-
Virya	Ushna	Ushna	Ushna	Ushna	Ushna
Vipaka	Madhur	Madhura	Madhura	Madhura	Madhura

method of preparation according to Bhavamishra.^[12]

Acharya Bhavamishra had mentioned 5 types of *Takra* according to method of preparations.

Sl. No.	Types	Shloka	Preparation method	Dosha Karma	Indications
1.	Gholā	ॐ कर्णो घृतं चूर्णीतु त्रिषन्ना दध्नी यथा । घृतेनैव भोजयेत्तद्विलम्बेन प्रविशयेत् ॥	1 part curd + no water – churning – homogeneous mixture	Vatapitta hara	Raktapitta, Trishna, Daha, Pratishyaya
2.	Mathitha	ॐ कर्णो घृतं चूर्णीतु त्रिषन्ना दध्नी यथा । घृतेनैव भोजयेत्तद्विलम्बेन प्रविशयेत् ॥	1 part curd + no water – churning – till butter formed – remove butter	Kaphapittahara	
3.	Takra	ॐ कर्णो घृतं चूर्णीतु त्रिषन्ना दध्नी यथा । घृतेनैव भोजयेत्तद्विलम्बेन प्रविशयेत् ॥	1part Curd + ¼ part water – churning – till butter formed – remove butter	Kaphavatahara	Agnidipan, Hridya, Avrishya, Kaphavatahara
4.	Udashvita	ॐ कर्णो घृतं चूर्णीतु त्रिषन्ना दध्नी यथा । घृतेनैव भोजयेत्तद्विलम्बेन प्रविशयेत् ॥	1part Curd + ½ part water – churning - homogeneous mixture	Kaphaprakopaka	Balya, Amadoshanasa
5.	Chacchika	ॐ कर्णो घृतं चूर्णीतु त्रिषन्ना दध्नी यथा । घृतेनैव भोजयेत्तद्विलम्बेन प्रविशयेत् ॥	1part Curd + 1part water – churning – homogeneous mixture	PittaVatahara	Shrama, Trishna, Pittavikara, Vatavikara

Indications of Takra as per Charak Samhita

Takrapana acts as nectar in diseases such as Arsha (haemorrhoid), Pandu (anaemia), Atisara and Grahani roga (Irritable Bowel Syndrome), Vata-Kaphaja Vikara.^[13]

DISCUSSION

Takrabasti acts through multiple mechanisms that can be explained both from Ayurvedic principles and modern physiology. In Grahani Roga, where Agnimandya, Ama formation, and vitiation of Vata are the main pathogenic factors, Takra Basti directly targets the Pakwashaya, the main seat of Vata. Administering Takra Basti into the colon stimulates the Enteric Nervous System (ENS), often called the gut's second brain. Activation of the ENS improves intestinal motility, secretion, absorption, and visceral sensory regulation. Since the ENS functions in close association with the central nervous system through the gut-brain axis, Takrabasti also modulates abnormal neural signalling and visceral hypersensitivity, which are important contributors to Irritable Bowel Syndrome (IBS) symptoms such as abdominal pain, bloating, and altered bowel habits.

The classical constituents of Niruha Basti further enhance its efficacy. Madhu and Saindhava facilitate penetration and absorption of active principles through their Sukshma, Vyavayi, and Yogavahi properties. They improve dispersion of the Basti contents and help deliver therapeutic molecules deep into the tissues. The Kalka and Takra drugs incorporated in the Basti pacify vitiated Doshas, reduce inflammation, and support restoration of Agni. Since Vata is the principal factor responsible for the movement of Doshas and the manifestation of Grahani symptoms, direct action of Takrabasti on the Pakwashaya effectively regulates Apana Vata and Samana Vata, thereby correcting intestinal motility, absorption and digestive function.

The colon is an important site for fluid and electrolyte absorption, and the rectal route allows direct contact of the medicated Takra with the colonic mucosa. The epithelial lining of the colon is semi-permeable and permits absorption of bioactive compounds. When Takra is administered as Avapa Dravya in Niruha Basti, its active constituents, including probiotics, organic acids, minerals, and other therapeutic phytoconstituents from the Basti formulation, can be absorbed through the colonic mucosa. This facilitates systemic and local therapeutic effects while bypassing significant hepatic first-pass metabolism, thereby enhancing bioavailability compared to oral administration.

Modern studies have demonstrated that fermented milk products contain beneficial microorganisms and metabolites that can restore intestinal microbial balance. Since dysbiosis is considered a major pathological mechanism in IBS, Takrabasti helps in normalising the gut microbiota. The nutrients present in Takra and other Basti ingredients serve as substrates for beneficial colonic bacteria, promoting their growth and colonisation. Restoration of healthy microbiota leads to increased production of short-chain fatty acids, which improve mucosal integrity, regulate inflammation, enhance water absorption, and maintain normal bowel function. The mechanical distension produced by Basti stimulates stretch receptors within the colon, triggering physiological defecation reflexes. This helps eliminate accumulated Ama-like toxic metabolites, excess mucus, and undesirable microbial populations from the large intestine. Thus, Takrabasti exerts its therapeutic effect in IBS through regulation of the gut-brain axis, enhancement of colonic absorption and bioavailability, correction of intestinal dysbiosis, stimulation of physiological defecation, pacification of Vata Dosha, improvement of Agni, and restoration of normal intestinal function.

CONCLUSION

Takrabasti appears to be a rational Ayurvedic approach in Grahani Roga through the combined actions of Takra and Basti, supporting Agni, regulating Vata and helping normalise bowel function. Its possible contemporary relevance may involve gastrointestinal motility, intestinal barrier function, gut microbiota and gut-brain interactions. However, available evidence is limited by the small number of Takrabasti-specific clinical studies, small sample sizes, variations in treatment protocols and limited long-term and objective outcome data. Further well-designed randomised controlled trials with standardised protocols, validated clinical outcomes and investigations of gut microbiota, intestinal permeability and inflammatory markers are required to establish its efficacy, safety and possible mechanisms of action.

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