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Review Article

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# LITERARY VIEW OF DISEASE GRAHANI DOSHA W.S.R.T **GIARDIASIS**

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#### **ABSTRACT**

Giadiasis is one of the most common protozoal infection affecting the children more than the adults, resulting in malabsorption and failure to thrive. Grahani is a disease caused due to Agnimandya. Changing food habits and altered routines of the people in the present era has paved way for various disorders. Grahani is one such disorder manifesting itself in this new era. The number of incidence is rising day by day. Agni is said to be vitiated in Grahani avayava and hence considered as Grahanidosha. In Grahani roga there is vitiation of Grahani avayava. In modern science this can be correlated with Giardiasis. So for correlating purpose a brief disease review of Grahani roga is delt in the part of the study.

#### INTRODUCTION

In day to day pediatric practice, pediatricians come across a good number of patients suffering from diseases related to gastrointestinal tract. Among the GIT disorders Giardiasis is one of the most common protozoal disease of small intestines affecting the children more than the adults resulting in malabsorption of the child which effect the physical and mental health of the child. Giardiasis has a worldwide distribution and is estimated that some 200 million people in Africa, Asia & Latin America have symptomatic infection and are approximately 5 lakhs new cases each year. Its prevalence rates are higher in resource limited (20 to 30%) compared to resource rich (2 to 5%) countries. Recurrent and prolonged infections are not uncommon and children may excrete cysts for a long period asymptomatically. [1] At least 20% of the children will consult a physician for abdominal pain

by the age of 15 years. Nearly 10 to 15% of school children experience recurring abdominal pain at some time. <sup>[2]</sup> Total diarrhoea morbidity can be as high as 4-5 million deaths occur as a result of diarrheal diseases every year. Diarrhea accounts for about 20% of the hospitalized paediatrics cases. On an average, a child suffers from around 12 episodes of diarrhea, 4 such episodes occurring during ist year of life. Diarrhea in malnourished child is 5-7 times higher than in healthy child. <sup>[3]</sup> Thus, in India diarrhea and its associated symptoms are a major health problem and accounts for 1/3 of total pediatric admissions in hospitals causing economic burden on national health services. <sup>[4]</sup>

Acharya Kashyapa in Chikitsa Sthana (Phakka Chikitsa), stated that, children of Pradustha Grahani and who indulges in excessive eating, whatever they eat due to Mandagni all go waste (i.e. Aparthaka) and the disease Phakka engenders which signifies severe growth and developmental delay. From above, we can say that the nutritional demand for the proper growth of the Dhatus (Rasa Raktadi) and mental faculties (development) depends upon proper function of Grahani.

### Hetu

## "Setikartavyatako rogotpadaka hetur nidanam" [6]

The actual etiological factors which are stated to be responsible for *Agni Dushti* can be divides into two groups i.e. *Samanya* (general) and *Vishshtha* (specific) *Samanya Hetus*. The immediate triggering *Hetus* that cause *Agni Dushti* are as below,

- 1. Ahara.7 (Dietetic Indiscretions)
- a) Abhojana (Abstinence from food)
- b) Samashana, Vishamashana and Viruddhashana
- c) Atibhojana (Over eating)
- d) Asatmya Bhojana (Unwholesome food)
- e) Atiguru Bhojana (Heavy or indigestible food)
- f) Sheeta Bhojana (Cold and stale food)
- g) Atiruksha Bhojana (Excessive dry food)
- h) Sandushta Bhojana (Putrid food)
- 2. Vishesha: Vyapada of (Adverse effect of therapeutic measures)
- a) Virechana (Purgation)
- b) Vamana (Emesis)
- c) Snehana (Oleation)

- 3. Emaciation or wasting brought about by other disease
- 4. Viruddha or Incompatibility of
- a) Desha (Country)
- b) *Kala* (Climate)
- c) Ritu (Season)
- 5. Suppression of natural urges (Vega Vidharana)

### Vishista Hetus

Acharya Charaka, while describing treatment of Amatishara stated that if Sangrahana medicine is given during Ama Avastha of Atishara may cause Grahani Dosha.<sup>[7]</sup>

Acharya Sushruta also specified that, if the patient indulges in faulty dietary habits during Atisara may results in Grahani Dosha.

#### Bheda

Charaka and other Acharyas classified as four types

Vataja Grahani

Pittaja Grahani

Kaphaja Grahani

Sannipataja Grahani.

Madhavakara mentioned Sangrahani and Ghatiyantra Grahani as avastha. [8]

### Purvarupa

Sign and symptoms	Cha.Chi <sup>[9]</sup>	Su.Utt <sup>[10]</sup>	A.H.N <sup>[i11]</sup>
Trishna	+	+	+
Aalasya	+	+	-
Anaha	-	1	+
Antra kujan	-	+	+
Aruchi	-	+	+
Aasya vairasya	-	1	+
Bala kshaya	+	+	-
Bhrama	-	-	+
Chhardi	-	1	+
Chirat pachan	+	1	+
Gaurava	+	1	1
Karna kshveda	-	+	+
Kasa	-	+	-
Klama	-	+	+

**Rupa** Samanya lakshana

Symptoms	Cha.chi.[12]	Su.chi.[13]	A.S.ni <sup>[14]</sup>
<u>Muhurbaddha</u>			
<mark>muhurdrava mala</mark> pravruti	_	-	+
Ati srushta mala	,		
pravruti	+	-	-
Vibadha mala	,		
Pravruti	+	-	-
Trishna	+	+	-
Arochaka	+	+	-
Vairashya	+	+	-
Prasheka	+	+	-
Tamak	+	+	-
Shuna padakara	+	+	+
Chardana	+	+	-
Jwara	+	+	-
Lohanugandhi udgar	+	+	-
Daha	-	+	-
Karshya	-	+	+
Loulya	-	+	-
Dhumaka	-	-	+
Murcha	-	-	+
Shiroruka	-	-	+
Vishtamba	-	-	+

## Vishesh lakshanas

Vataj grahani

Symptoms	Cha. Chi <sup>[15]</sup>	A.H.Ni. <sup>[16]</sup>	A.S.Ni <sup>[17]</sup>
Chirat drava shukta mala	+	+	+
Ama yukta,sashabda phena yukta mala	+	+	+
Bhukte swasthyam	+	+	+
Annam pachate dukham	+	1	-
Shukta paka	+	1	-
Aadhman	+	+	+
Parikartika	+	+	+
Trishna	+	+	+
Sarveshu raseshu vrudhi	+	+	+
Parshva ruja	+	+	+
Vankshan,payu ruja	+	+	+
Visuchika	+	+	+
Karnayo swanah	+	+	+
Talushosh	+	+	+
Timir	+	+	+
Kasa, shwas	+	+	+
Kharangata	+	-	-
Kantha asya shosh	+	-	-

Hrida pida	+	-	-
Karshya	+	-	-
Daurbalya	+	-	-
Mukha vairashya	+	-	-
Mastishka shool	+	-	-
Udar shool	+	-	-

### Pittaj grahani

Symptoms	Cha.chi.[18]	A.H.Ni <sup>[19]</sup>	A.S.Ni. <sup>[20]</sup>
Ajira	+	-	-
Nil pittabha Mala	+	+	+
Puti(daurgandhy a)amlodgar	+	+	+
Aruchi	+	+	+
Trishna	+	+	+
Shoola	+	+	+
Hrida kantha Daha	+	+	+

## Kaphaj grahani

symptoms	Cha.chi.[21]	A.H.Ni <sup>[22]</sup>	A.S.Ni <sup>[23]</sup>
Annam pachate dukham	+	+	+
Bhinaa,ama yukta mala	+	+	+
Shleshma bhuyishta mala	+	+	+
Hrillas	+	+	+
Chhardi	+	+	+
Arochakta	+	+	+
Asyopadeha	+	+	+
Aasya madhurya	+	-	-
Madhura udgar	+	+	+
Peenas, kasa, stivan	+	+	+
Udar shaithilya	+	+	+
Sadana	+	+	+
Akrushsyapi daurbalya	+	+	+
Aalasya	+	+	+

### Sannipataja grahani

*Tridosa vyamishralinga* i.e. the mixed symtamatology of *vataja,pittaja* and *kaphaja* type is found in *sannipataja grahani*.

## Samprapti

When a person consumes Agnidusthikar Nidanas, it results in disturbance in equilibrium of Manas and Sharirika Dosha. This Dosha Vaishyama passes through different stages and ultimately produces disease. The concept of Kriyakala described the mode and stage of

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development of disease.

*Grahani Dosha* is a disease entity which is superimposed over preexisting *Agni Dushti*, specially *agni mandhya* due to consumption of injudicious *Ahara* and *Vihara*.

Because of the *Agni Dushti*, ingested food is not properly digested and results in *Apachana* (indigestion) and *Ama* formation. Thus, the food attains *Shuktata*. At this stage, *Dosha* i.e. *Kledaka Kapha*, *Pachaka Pitta*, and *Samana Vayu* sheltered in the organ *Grahani* gets vitiated. <sup>[24]</sup> In *Grahani roga* it can be observed that the impairment of both the functional and structural changes of the *pittadharakala* or the *Grahani avayava*. Due to various *hetus* of *Grahani roga* the portion of the *Annavahasrotas* that is *Grahani*, *pittadharakala* and *pachyamanashaya* becomes impaired involving the *dusti* of *pachakagni* that is *dooshitagni*. The impaired *pittadharakala* which secrets various digestive secretion does not hold the food till the complete digestion. Instead it releases the ingested material in an unripened condition and some times ripened condition, resulting in *pakwa* or *apakwa malapravruthi* which is nothing but the *Grahani roga*. *Samanavata* that is the major kinetic force which helps in the initiation of gut motility once get vitiated will cause hyper motility resulting in the frequent evacuation of the bowel which is large quantity liquid and sometimes constipated in nature due to hypomotility. It also suggests that in *Grahani roga* along with *samanavata*, *apanavata vikruthi* also exists.

#### SAMPRAPTI GHATHAKAS

• DOSHA: Tridosha [samanavayu, apanavayu, pachakapitta, kledhakakapha]

• DUSHYA: Rasa, Pureesha

• AGNI : Jatharagni

AMA: Jatharagnimandyajanya

SROTAS : Annavaha, Purishavaha, Rasavahasrotas

• DUSTI: Sanga, Atipravruthi

• ADHISTHANA: Grahani

VYAKTASTHANA: Guda and Sarva shareera

SANCHARASTHANA: Rasayani, Antakostha

ROGAMARGA : Abhyantara

VYADHISWABHAVA : Chirakari

Schematic representation of Samanya Samprapti of Grahani

Hetu sevana

Vatadidoshaprakopa

Agnidusti

Ajeerna

Amotpatti

Amavisha-Shuktapaka

Samadoshotpatti

Grahani avayava dusti

Grahani roga

#### UPADRAVA OF GRAHANI DOSHA

Acharya Harita described six complication of Grahani RogAtisa. [25]

- 1. *Pliha Yakrita Vriddhi* (hepto spleno megaly)
- 2. Kandu (Itcjhing)
- 3. Mala Bandha (Contipation)
- 4. Asthila
- 5. Krimi
- 6. Udara Roga

## Chikitsa

The main line of treatment is Dosha pratyanika chikitsa in Grahani dosha by Deepana and Pachana dravyas.

Vyadhi pratyanika chikitsa in Grahani roga is by proper medication. The doshas as localised in the *Grahani* should be treated in the same way as treating *ajeerna*.

The *ama* should be treated by the similar treatment described for *Atisara*. [26]

For Grahani roga following line of treatment should be adopted Snehana, Swedana purvaka shodhana, Langhana, Deepana by Pachanadravyas, Churna, Ghrita, Asava, Arista, Vati, Rasaoushadhi, Kshara and Takra prayoga. [27]

In case of leena ama dosha, langhana pachana with panchakolachurna should be administered. Later laghu anna prepared out of deepaniya dravya can be administered. [28] In Grahani, if ama lakshanas are predominant the treatment consists of Ama dosha hara ushnodakapana, peya containing ativisha, dadima, and nagara should be given as food. [29]

Appropriate *shodhana* must be administered in accordance with the predominance of *dosha*. In *Vataja Grahani niruhabasti, Pittaja Grahani mrudu virechana* and in *Kaphaja Grahani vamana* are indicated. After this the *kwatha* or *churna* prepared from *Haridradi pachanagana dravya*, *sangrahigana dravya* and *Pippalyadi deepaniyagana dravya* are indicated along with *Takra* acording to the *dosha*, *kala* and *satmya*.<sup>[30]</sup>

## Some of the Yogas used in Grahani Roga

Churnas: Panchamuladi churna (Cha), Pippalyadi churna (CD), Lavnabhaskara churna (Sha.Sam), Ajamodadi churna (SY), Pathyadi churna (BR), Hingwadika churna (Shu)

Vatis: Chitrakadi gutik (YR), Kutaja Ghana vati (BS)

Asava: Madhukasava(AH), Pippalyadyasava (BR)

Kwathas: Nagaradi kwath (Cha), Kutajarista (Sha.Sam)

Avalehas : Kutajavaleha (Sha.Sam), Changeryadi rasayanam (Sha.Sam)

Ghritas : Bilvadi ghrita (YR), Changeryadi ghrita (CD), Panchamuladi ghrita (Cha)

Rasoushadhis: Grahani kapatarasa (BR), Panchamruta parpati (YR), Agnikumara rasa (RRS)

Arista: Takrarista (Cha), Madwarista (Cha)

## **DISCUSSION**

The incidence of parasitic infestation in childrens are very high sepecially in the rural areas due to the unhygienic condition, illiteracy, child's dependant age etc. It hampers the growth and development of the child leading to malnutrition, decrease immunity and exhibits the common GIT symptoms like diarrhea, pain abdomen, anorexia, nausea and finally failure to thrive, and other systemic diseases. Thus parasitic infestation causes many complications which attracts the children towards pediatrician. From the literary review it is revealed that Giardiasis shares the descriptions with *Grahani roga*. The signs and symptoms and state of malabsorption as seen in Giardiasis, is found to be similar in *Grahani roga* also. According to *Samprapti* of *Grahani roga*, *Agnimandya* and *Ama Utpatti* are the main causes of *Grahani roga* and the *adhisthana* for *Grahani roga* is *Grahani* organ itself. Where as in Giardiasis the pathology takes place in small intestines specially in the duodenm and jejunum, which is very close to *Grahani* organ. The functions of *Grahani* is to hold the undigested food till the complete process of digestion and then evacuates the contents into the *pakwashaya*. The small intestines also have same functions.

#### **CONCLUSIONS**

- Parasitic infestation in children are of great concern for the growth and development of the children.
- In developing countries or where illiteracy and unhygenic conditions dominate the picture, people are of great risk to develop the parasitic infections.
- Like wise Giardiasis is one of the common infestation seen especially in growing children, which gradually leads to mild to severe malnutrition, which in turn adversely affects the physical and mental growth of the children.
- After referring the *ayurvedic* classics, the signs and symptoms and state of malabsorption, as seen in Giardiasis, it is found that Giardiasis is nearer to *Grahani roga*.
- According to Samprapti of Grahani roga, Agnimandya and Ama Utpatti are the main causes of Grahani roga and the adhisthana for Grahani rogi is Grahani organ itself.
  Where as in Giardiasis the pathology takes place in small intestines specially in the duodenum and jejunum which is very close to Grahani organ

#### **REFERENCES**

- 1. Arneils Text book of pediatrics pg no. 331.
- 2. O. P.Ghai, Textbook of Pediatrics pg. No. 267.
- 3. Suraj Gupta, Textbook of Pediatrics pg No. 366.
- 4. K. Parks, Textbook of PSM Pg No. 184.
- 5. Ka Phakka Chi.
- 6. MN 1/14 Madhukosha.
- 7. Cha Chis 15/43.
- 8. MN 4/1-4 Madhukosha.
- 9. Cha. Chi 15/54 com. Cp.
- 10. Sha Utt 40/174 com. Dal.
- 11. A. H Ni 8/19-20 com. AD.
- 12. Cha Chi 15/53 com. Cp.
- 13. Shu Chi 15/53 com. Dal.
- 14. A.S Ni 8/19 com. Sha.
- 15. Cha Chi 15/59-62 com. Cp.
- 16. A. H. Ni 8/22-24 com. AD.
- 17. A. S Ni 8/24-26 com. Sha.
- 18. Cha Chi 15/62-65 com. Cp.

- 19. A. H. Ni 8/28-27 com. AD.
- 20. A. S. Ni 8/26-27 com. Sha.
- 21. Cha Chi 15/67-69 com. Cp.
- 22. A. H. Ni 8/26-27 com. AD.
- 23. A.S. Ni 8/28-30 com. Sha.
- 24. Cha Chi 15/43 com. Cp.
- 25. HA Sam TRUTIYAKHANDA 3/85.
- 26. A.H. Chi 10/1
- 27. Cha chi 15/197
- 28. Cha Chi 15/74 com.Cp.
- 29. A.H. Chi 10/3.
- 30. Shu Utt 40 com. Dal