



ISSN 2456-3110

Vol 9 · Issue 10

October 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

# A case study of Ayurvedic treatment of *Grahani Roga*

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## ABSTRACT

*Grahani* is an important part of the *Mahasrotas* (gastrointestinal tract). *Grahani* and *Agni* (digestive fire) have an *Adhara Adheya Sambandha* (mutual relationship). *Jathar Agni* (digestive fire) governs the process of digestion, supported by the *Tridoshas* (three bio-humors). Due to a chronic imbalance of the *Pachaka Pitta* (digestive fire), *Saman Vayu* (the air entity that aids digestion), and *Kledaka Kapha* (the type of phlegm involved in digestion), a weak digestive fire (*MandAgni*) can lead to the release of food in its undigested form (*Ama Utpatti*), resulting in *Grahani Roga*. 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. This paper discusses the pathogenesis of *Grahani Roga*, a condition linked to impaired digestive function, and presents various treatment modalities, including herbs, *Yoga*, and lifestyle modifications.

**Key words:** *Grahani*, Irritable Bowel Syndrome, IBS, Duodenal disorder, Case Report

## INTRODUCTION

*Grahani* is a disease which affects large population globally especially in developing countries due to improper food habits, unhygienic environment along with stressful lifestyle having nutritional deficiency. The faulty lifestyle, consumption of junk food, stress, inadequate sleep and avoidance of *Sadvritta* are the major reasons of *Grahani Dosha*. Irritable bowel syndrome (IBS) is characterised by recurrent abdominal

pain in association with abnormal defecation in the absence of a structural abnormality of the gut. *Grahani* is the seat of *Agni* (digestive fire), it retains the *Ahara* (until it gets fully digested) and then passes it into *Pakwashya* (intestine). *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*. The pathogenesis of *Grahani Roga* revolves around *Agnidosha* associated with impaired function of digestive fire. *Grahani* being the seat of *Agni* (digestive fire) is situated above *Nabhi* (umbilicus) region, it withholds the food for certain time inside the *Amashaya* (stomach) to facilitate digestion. The strength of *Grahani* is from *Agni* itself and strength of *Agni* from *Grahani*. When *Agni* undergoes vitiation, *Grahani* also gets vitiated and produces diseases. It is the disorder of digestive system having involvement of *Pachaka Pitta*, *Samana Vayu*, *Kledaka Kapha* produces symptoms like *Muhurbaddha Muhurdravam* (alternate passing of hard & loose bowel habits),

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Submission Date: 07/09/2024

Accepted Date: 22/10/2024

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.9.10.42

*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. Due to malabsorption and lack of nutrition, various complications due to predominance of *Vata* become manifested like *Swasa*, *Kasa*, *Gulma*, *Hridroga*, *Pliharoga*, *Parikartika*. Prevalence In India the female to male ratio is 1:3 and common age group is 20-40 years. Symptoms are vague and these include abnormal bowel habits ranging from constipation to diarrhoea (often alternating irregularly), pellet like stools, increased gastrocolic reflex, vague abdominal pain. Around 20% of subjects complain of weight loss. 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. The line of treatment followed was both *Shodhana* and *Shamana*. Drugs having *Kasaya Rasa*, *Usna Veerya*, *Madhura Vipaka* & *Ruksha Guna* help to pacifies *Vata* & *Pitta Dosh* therefore potentiates *Agni* which improves process of digestion. Drugs which gives bulk to the stool, hydrate body and possess nutritional benefits also relieve symptoms of *Grahani Dosh*. This article described general consideration of *Grahani Dosh* and its management by *Ayurveda* and conduction of disciplinary life style. The present case study demonstrates the critical contribution of *Ayurveda* to the effective treatment of *Grahani* (IBD).

#### Etiological Factors

- *Abhojanat*, *Ajeernabhojanat*, *Attibhojanaat*, *Visamasanat*, *Asatmya Guru*, *Ruksa* and *Sandusta Bhojanat* etc.
- *Vyadhikarshanat* and *Vegavidharana*
- Stress, anxiety and grief
- In disciplinary life style and bad food habits
- Unhygienic environmental condition
- Nutritional insufficiency

- Contagious predominance
- Improper functioning of digestive fire
- Diseased condition which weakened *Agni*
- *Virudha-Ahara*
- Avoidance of concept of *Desha* and *Kala* during consumption of food stuffs.
- Excessive use of antibiotics.

#### CASE REPORT

The present case involves a 34-year-old female patient who presented to the Outpatient Department (OPD) with chief complaints of pain in the right upper region of the abdomen, accompanied by acidity, anorexia, constipation, and altered bowel habits for the past six months. The pain is described as pricking in nature, aggravated by consuming heavy and spicy foods, and relieved by the intake of cold beverages. The patient has experienced weight loss over the last two months (6 kg), despite maintaining a regular mixed diet. She frequently consumes spicy and non-vegetarian foods at irregular intervals. Additionally, she has been suffering from stress and anxiety for the past year.

#### History of Present Illness

Patient states that she was quite well 10 months back except *Agnimandya*. Gradually, patient had developed symptoms like *Muhurbaddha Muhurdravam* (alternate constipation and diarrhoea), *Sarujam Ama-Apakwa Puti Malapravritti* (painful foul-smelling defaecation for the past six months 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 treatment only provides relief only during medication time period i.e., temporarily. All symptoms were gradually increased due to further consumption of spicy, junk diet and ultimately patient appeared with severely emaciated. That state led the patient to get admitted in the hospital.

**Past History**

Patient used to take antacids, proton-pump inhibitors, antibiotics unevenly.

**General and Systemic Examination**

Body built - Thin

Height - 4ft 9 inch

Weight - 53 kg.

BP - 114/70mmHg

PR - 68/min.

RR - 18/min

Temp. - 98.4°F

Pallor - Mild

Icterus - Absent

Bowel - Irregular [(Alternative episodes of Diarrhoea - 5-6 times per day, 2-3 times per night), along with constipation for 1-2 days]

Urine output - Normal.

No abnormality detected in other Cardiovascular system, Nervous system, Respiratory system.

**Investigation**

Haematological report revealed that Haemoglobin - 10 g/dL, ESR - 45mm/hr, TC, DC and other haematological parameters were within normal limits. Serological study revealed that FBS - 88 mg/dL, PPBS - 128mg/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.

**Ashtavidha Pareeksha**

- *Nadi* (pulse) - 80/min (V-P Predominant)
- *Mala* (stool) - *Vibandha*
- *Mutra* (urine) - *Samyak*
- *Jeevha* (tongue) - *Saam*
- *Shabda* (speech) - *Spashta*
- *Sparsha* - *Anushna Sheeta*

- *Druka* (eyes) - No pallor, no icterus
- *Akruti* - *Krusha*

**Treatment Plan**

The treatment was carried out in two phases. In 1st phase *Piccha Basti* was given after proper *Abhyanga* & *Swedana* and *Shamana Aushadhi* were given for 20 consecutive days and in 2nd phase only *Shamana Aushadhi* was given for next 40 days. *Ushnodaka* & *Takra* were administered as *Pathya*.

**Sodhana Chikitsa**

1. *Sarvanga Snehana* with *Dashmoola Taila* (whole body massage)
2. *Puti Swedana* (wood chamber steam)
3. *Picha Basti* (160 mL) (medicated enema): Quath 100 mL (*Arjuna* (*Terminalia arjuna*), *Ashwatha* (*Ficus religiosa*), *Udumbara* (*Ficus racemosa*), *Kutaj* (*Holarrhena antidysenterica*), *Shalmalli* (*Salmalia malabarica*), *Yastimadhu* (*Glycyrrhiza glabra*), Water and Milk), Honey 20 mL, *Saindhava Lavana* 10 gm, *Yastimadhu Taila* 30 mL (*Glycyrrhiza glabra* oil), *Yastimadhu Kalka* (*Glycyrrhiza glabra* paste).

**Shamana Chikitsa**

1. Tab. Stop IBS (250 mg) 2 tab BD After meal.
2. *Chitrakadi Vati* + *Mahashankha Vati* 500mg (2 pills) + 500mg (2 pills) *Ushnodaka* twice a day after meal.
3. *Brahmi Vati* 250mg (2 pills) *Madhu* twice a day (morning & evening).
4. *Nasya* with *Goghrita* 2 drops in each nostril daily.
5. *Shivakshar Pachana Churna* 3gm with *Ushnodaka* twice a day before meal.
6. *Panchaamruta Parpati* (125 mg) (*Anupana Takra*) 2 tab. two times/day After meal.

**Dietary materials recommended for Grahani Roga are as follows**

Diets which promote digestive enzyme; restore normal flora and maintain nutritional sufficiency should be adopted such as; fibers, fruit, vegetables, grains and curd. *Yavagu*, *Panchkola* soup, *Takrarista*,

*Jangalmansa*, Vegetable soups - Light diet and Soup of dried raddish, carrot.

### Therapeutic Outcome

During the first follow-up, the frequency of bowel movements was reduced to 2-3 times per day. In the second and third follow-ups, there was marked relief in all her symptoms. The patient experienced an adequate appetite and reported no fatigue or weakness, as her food intake and digestion were normal.

### DISCUSSION

After clinical examination and investigations, the patient was diagnosed with Inflammatory Bowel Disease (IBD) by a gastroenterologist. The patient had a personal history of *Adhyashana* (eating before the previous food is digested), *Vishamashana* (eating food without following a specific schedule), *Ratrijagaranam* (late-night awakening), *Diwasvapana* (daytime sleeping), emotional stress, and anxiety. Therefore, the aim of treatment was to enhance *Agni*, by releasing the obstruction by *ama* in *Srotas*. The treatment was started with *Sarvanga Udwartana*, which helps liquefy *Kapha*, *Ama*, *Baddha mala* and enhances absorption and increases nutrition to all tissues.

As a result, patients are prescribed medications with *Deepana-Pachana* (appetiser or digestive-promoting) and *Mana Prasadak* (brain tonic) properties. *Piccha Basti* (medicated enema) is named for its *Picchila* (slimy) property, which provides an ulcer-healing effect. Moreover, it is *Agnideepaka* (promotes digestion) and *Sangrahi*. *Nasya* with *Goghrita* which enhances *Smriti*, *Buddhi*, *Agni*, *Shukra*, *Oja* etc. can correct *Jatharagni* as well as mitigates aggravated *Vata Dosha*. Oral medications like *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. *Brahmi Vati* (with *Madhu Anupana*) is also a very good drug to prevent anxiety & stress, induce sleep & alleviate *Vata*. *Panchamrita Parpati* possesses *Agnideepana* (boosting digestive fire) properties. The *Parpati Kalpa* itself has

*Deepan* (promoting digestion) and *Grahi* (holding) properties due to the effects of the formulation. This formulation predominantly acts on *Agni* (digestive fire), performing both *Amapachana* (digesting toxins) and *Agni Deepana* (promoting digestion).<sup>[12]</sup> *Takra* (buttermilk) is recommended twice a day as *Anupana* of *Panchamrita Parpati*, as it is specifically advised for *Grahani Roga* due to its *Deepana-Pachana* (promoting digestion), *Grahi* (holding), *Stambhak* (retentive), *Jantughna* (treating worms), *Baladayaka* (strengthening), and *Laghavatva* (lightness) properties. Tablet Stop IBS contains *Kutaj*, *Bramhi*, *Bilwa*, and *Shunthi*. *Shunthi* and *Bilva* have gastroprotective effects and anti-diarrhoeal activity, while *Kutaja* has anti-diarrheal properties.

### Behaviour and daily routine modification

Behavioural factors such as stress, worry, fear, and sleeplessness can exacerbate *Grahani* symptoms. Excessive stress triggers central nervous system defence mechanisms, leading to neuroendocrine and behavioural responses. Sleep regulation involves complex processes, including the Hypothalamic-pituitary-adrenal (HPA) axis, circadian rhythms, and immune system components like Interleukin (IL)-1 $\beta$ . Stress-related insomnia can become chronic due to a cycle involving the HPA axis, necessitating a deeper understanding for effective treatment. Patients are advised to maintain balance and avoid an unruly lifestyle.

### CONCLUSION

*Grahani* is a digestive fire disease affecting *Annavaha Srotas* and life style patterns, causing abdominal pain, bloating, and disturbed bowel habits. *Ayurveda* offers various formulations and therapeutic modalities for management. *Tridoshatmaka* disease of digestive fire occurs due to the vitiation of *Agni*; *Jatharagni*, *Saman Vayu*, *Pachak Pitta* and *Kledaka Kapha*. The present case study illustrates the significant efficacy of *Ayurveda* therapies in treating *Grahani* (IBD). The patient stopped taking allopathic medications, and *Ayurveda* proved to be a safe therapeutic choice with no side-effects. Given the results observed in the present case, future large-scale clinical trials are

needed to confirm the efficacy of *Ayurvedic* methods for *Grahani*. Such holistic Ayurveda solutions are a promising option for individuals seeking effective disease management while minimising the risks associated with conventional treatments.

## REFERENCES

- Chakraborty S, Das A. Management of *Grahani Roga* in *Ayurveda*: A Case Study. *World Journal of Pharmaceutical Research*. 2021;9(15):953-61. Doi: 10.20959/wjpr202015-19220.
- Tiwari R, Pandya DH, Baghel MS. Clinical evaluation of *Bilvadileha* in the management of Irritable Bowel Syndrome. *Ayu*. 2013;34(4):368-72. Doi: 10.4103/0974-8520.127717. PMID: 24696573; PMCID: PMC3968698.
- Choudhary K, Gupta N, Mangal G. Therapeutic impact of Deepana-Pachana (appetizer-digestives) in panchakarma: An overview. *IRJAY*. 2021;4(1):252-58. Available from: <https://doi.org/10.47223/IRJAY.2021.4108>.
- Acharya YT., editor. *Sushruta Samhita of Sushruta with Nibandhasangraha commentary of Dalhanacharya*, Uttaratantra, Chapter 40, Verse 167, Varanasi: Chaukhamba Sanskrit Sansthan, 2012.
- Vagbhata; Ashtanga Hridaya; Sarvanga Sundari Teeka of Arunadatta; *Ayurveda Rasayana of Hemadri*; Edited by Bhashagacharya Harishastry Paradakara Vaidya: *Sutrasthana*, Chapter 12, Verse 8; Publishers Chaukhamba Orientalia; 10th edition, 2012; 193..
- Kaviraj Govind Das Sen. *Bhaisajya Ratnavali*, edited by Mishra S, *Grahanidoshavikara*: Chapter 8, Verse 190-192. Chaukhamba Surbharati Prakashan, Varanasi, (Reprint ed.), 2013; 151.
- McGraw-Hill; *Harrison's Principle of Internal Medicine*, Vol-2; 16th edition; Medical publishing division, 1779.
- Vagbhata; *Ashtanga Hridaya*; Sarvanga Sundari Teeka of Arunadatta; *Ayurveda Rasayana of Hemadri*; Edited by Bhashagacharya Harishastry Paradakara Vaidya: *Chikitsasthana*, Chapter 27, Verse 2-4; Publishers Chaukhamba Orientalia; 10th edition, 2012.
- Krishna CM, Bandari S, Sangu PK, Prasad PG, Narayana A, Prasanna KT. A prospective study on Parpati Kalpana w.s.r to Panchamrut Parpati. *International Journal of Ayurvedic Medicine*. 2010;1(3):118-28. Doi: 10.47552/ijam.v1i3.46.
- Ayurveda Sara Sangraha*, published by Shri Baidyanath Ayurveda Bhavan Limited, Naini, Allahabad, edition-2015, p.531.
- Vaidya Yadavji Trikamji Acharya, *Charak Samhita on Ayurved Dipika commentary by Agnivesh*, published by Chaukhamba Krishnadas Academy, Varanasi, edition-reprint 2015, *Chikitsa Sthana*, Chapte-15, shloka-75, p.518.
- Ayurveda Sara Sangraha*, published by Shri Baidyanath Ayurveda Bhavan Limited, Naini, Allahabad, edition-2015, p.526.

**How to cite this article:** Rupanjali Das, Pragayapriyadarshini Mallick, Bharatilata Acharya. A case study of Ayurvedic treatment of Grahani Roga. *J Ayurveda Integr Med Sci* 2024;10:256-260. <http://dx.doi.org/10.21760/jaims.9.10.42>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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