

**ROLE OF AHARAJA, VIHARAJA AND MANASIKA NIDANA IN ETIOPATHO-
GENESIS OF GRAHANI ROGA- AN OBSERVATIONAL STUDY**¹Sinchana U R, ²Raju Y. Timmapur, ³Mahima S.B

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Article Received: 09/10/2023 - **Peer Reviewed:** 25/10/2023 - **Accepted for Publication:** 10/11/2023.**ABSTRACT**

In this era of modernization and civilization society is conscious enough about "What to eat?" The awareness about food items, their quantity, quality and nutritional values is increasing gradually, then also the popularity of fast food is greater due to the fast life. Due to the demand of time, most of the people are bound to do such things, which adversely affect the health by vitiating digestive functions. The disease "Grahani Roga" is the main and leading disorder of the Gastrointestinal tract. As the hypo function of Agni i.e Mandagni is the root cause of all the diseases. Grahani Roga is also mainly caused by Agnidushti. The organ Grahani and Agni have Ashraya and Ashrayi type of relationship. In Ayurvedic classics the basic approach to the concept of health is essentially psychosomatic in nature which was related to the state of equilibrium of physio biochemical factors namely Dosha, Agni, Dhatu, and Mala and a state of wellbeing of mental and spiritual forces. Sharirika and Manasika Doshas are found to be affecting mutually each other. In the context of Grahani Roga also there is profound role of Aharaja, Viharaja and Manasika Bhavas in Nidana as well as in Samprapti, therefore Abhojana, Ajeerna bhojana, Vishamashana, etc considered as Aharaja nidanas. Viharaja nidanas as Deshavaishmya, Panchakarma Apachara, Vegadharana and Krodhadi as Manasika nidanas were considered in clinical observation.

Keywords: Agnidushti, Ashraya, Ashrayi, Aharaja, Viharaja, Manasika bhava.

INTRODUCTION

In the era of fast food, there is a change or irregularity in diet, diet timings and also sedentary lifestyle. In addition to this one is always under tremendous mental stress. All these leads to disturbance in the Agni that further causes impairment in digestion, which is the root cause for many digestive and absorptive disorder one among them is *Grahani Roga*. The *Grahani Roga* is a disease of *Annava Srotas* and considered as one of the *Maharoga*¹. As “*Sarve Rogo Api Mandagnow*” the root cause for *Grahani Roga* is *Mandagni*.² The organ *Grahani* and *Agni* have “*Ashraya-Ashrayi*” type of relationship, impairment of *Grahani* will impair the functional aspects of *Agni* and vice versa.³

Therefore, all the etiological factors of *Agni Dusti* can cause *Grahani Roga* those are *Aharaja*, *Viharaja* and *Manasika Nidanas*. *Aharaja nidana*⁴ includes *Atibhojana*, *Abhojana*, *Ajeernabhojana*, *Vishamashana*, *Atiguru*, *Atisheeta*, *Atiruksha*.⁵ *Viharanidana* includes *Desha-Kala-Rutu Vaishamy*, *Vega dharana*, *Panchakarma Apachara*. *Manasika nidana*⁶ includes *Chinta*, *Shoka*, *Bhaya*, *Dwesh*, *Krodha*, which results in vitiation of *Tridoshas* and does the *Agnidushti* which leads to *Ama Dosha*.

Our *Acharyas* have mentioned the etiological factors responsible for production of *Ama Dosha* that contributes to manifestation of *Grahani Gada*.⁷ As it takes *Sthana samshraya* in *Grahani*, it loses the capacity to hold *Apakva anna* and it does the *Nirharana* of *pakva-apakva anna* in *Adhobhaga* that leads to *Grahani Roga* characterised by *Atisamsrusta* and *Vibbadhamala pravrutti* and also associated with *Udara shoola*, *Angasada*, *Arochaka*, *Trishna*, *Alpamamsa*, *Karshya*, *Jwara*,⁸ etc. As “*Nidana parivarjana*” is the prime treatment in our *Ayurveda*, even in subjects who are suffering from *Grahani Roga* by avoiding aetiological factors, they can minimize pathophysiology as earliest as possible. Hence, here is an attempt made to evaluate the role of *Aharaja*, *viharaja*, *Manasikabhava* in the etiopathogenesis of *Grahani* and the present study were taken.

AIMS AND OBJECTIVES OF THE STUDY

- To study the *Aharaja*, *Viharaja* and *Manasika nidana* of *Grahani roga*.

Materials and methods:

Methods of Collection of Data

- Subjects presenting with symptoms of *Grahani Roga* attending the OPD and IPD of the Ayurveda Mahavidyalaya Hospital, Hubballi will be selected as per the criteria of diagnosis.
- Subjects were registered and recorded as per the specially designed clinical pro forma and questionnaires.
- The Literature were collected from The Post Graduate Library, Ayurveda Mahavidyalaya Hubballi, Authentic Research Journals, Websites, and Publications Etc.

Inclusion Criteria:

- Subjects of either Gender with age group ranging from 18 to 70 years.
- Subject suffering with *Prathyatma Lakshana* and clinical features of *Grahani Roga* and Irritable Bowel Syndrome.

Exclusion Criteria:

- Subjects presenting with symptoms which suggests Obstruction of intestine, Infection of GI tract, Ischemic diseases of intestine, Carcinoma of intestine.
- Subjects with Abuse of medications such as laxatives or bowel binders, Lactose intolerance.

Study Design

This is an observational study.

Parameters of Study

Subjective diagnostic Parameters:

1. *Muhur Baddha Muhur drava mala pravrutti* (Altered bowel habits).
2. *Antra kujana* (Bloating and visible distension).
3. *Udara shoola* (Abdominal discomfort or Pain).
4. *Angasada*. (Generalised weakness).
5. *Arochaka*. (Loss of desire towards food).
6. *Jvara*. (Fever).
7. *Trushna*. (Thirst).
8. *Alpa Mamsa, Karshya*. (Emaciation)
9. Anxiety and Depression.

- a. Assessment criteria:**
- b. Subject fulfilling inclusion criteria were taken for the study.
 - c. Scales which were standardized and prepared by Dr. Raksha M -2006 in Jamnagar, were used and applied for this particular study.
 - d. *Manasika Bhavas* are as *Krodha, Bhaya, Shoka, Dwesha, Chinta* were considered, and the Symptoms were Graded as-
 - i. Always present -3
 - ii. Often Present - 2
 - iii. Rarely Present -1
 - iv. Never - 0
 - e. *Aharaja Nidana* are as *Abhojana, Ajeerna, Ati-bhojana, Vishamashana, Astamya Ahara, Guru Ahara, Sheeta Ahara, Ruksha Ahara, Dusta Bhojana* were considered and the Symptoms were Graded as-
 - i. Always present -3
 - ii. Often Present - 2
 - iii. Rarely Present -1
 - iv. Never - 0
 - f. *Viharaja Nidana* are *DeshaVaishamya, Pan-chakarma Apachara* and *Veagavidharana* were considered, and the Symptoms were Graded as-
 - i. Always present -3
 - ii. Often Present - 2
 - iii. Rarely Present -1
 - iv. Never - 0

NOTE: Details of above Options.

- A. Never {Not Present}
- B. Rarely {Monthly twice}
- C. Often {Weekly twice}
- D. Always {Almost daily}

Sample size: Minimum of 50 subjects diagnosed as *Grahani Roga* were selected incidentally and randomly.

OBSERVATIONS AND RESULTS

TABLE NO. 01: SHOWING DIET WISE DISTRIBUTION

DIET	SUBJECTS	PERCENTAGE
Mixed	33	66%
Veg	17	34%

In this present study of 50 subjects of *Grahani Roga*, it was found that 33(66%) subjects had mixed type of diet, 17(34%) subjects had Veg diet.

TABLE NO. 2: SHOWING AGNI WISE DISTRIBUTION

AGNI	SUBJECTS	Percentage
Manda	42	84%
Vishama	8	16%
Teekshna	0	00%

In this present study of 50 subjects of *Grahani Roga*, it is found that 42(84%) subjects had Mandagni, 8(16%) subjects had Vishamagni, and no subjects(0) had Teekshnagni.

TABLE NO. 3: SHOWING KOSHITA WISE DISTRIBUTION

KOSHITA	SUBJECTS	Percentage
Krura	12	24%
Madhyama	9	18%
Mrudu	29	58%

In this present study of 50 subjects of *Grahani Roga*, it is found that 29(58%) subjects had Mrudu Koshta, 12(24%) subjects had Krura Koshta and 9(18%) subjects had Madhyama Koshta.

TABLE NO. 4: SHOWING FREQUENCY OF MALA WISE DISTRIBUTION

MALA	Count of MALA	Percentage
Decrease Frequency	7	14%
Increased Frequency	43	86%

In this present study of 50 subjects of *Grahani Roga*, it is found that 43(86%) subjects had Increased frequency of mala and 7(14%) subjects had Decreased frequency of mala.

TABLES SHOWING ASSESMENT CRITERIA

TABLE NO 5: TABLE SHOWING ABHOJANA

ABHOJANA	SUBJECTS	Percentage
Always	14	28%
Never	4	08%
Often	17	34%
Rarely	15	30%

In this present study of 50 subjects of *Grahani Roga*, Abhojana as a habit was seen in 17(34%) subjects Often, 15(30%) subjects Rarely, 14(28%) Always and 4(8%) subjects Never.

TABLE NO 6 : TABLE SHOWING AJEERNA BHOJANA

AJEERNA BHOJANA	SUBJECTS	Percentage
Always	12	24%
Often	23	46%
Rarely	15	30%

In this present study of 50 subjects of *Grahani Roga*, Ajeerna bhojana as a habit was seen in 23(46%) subjects Often, 15(30%) subjects Rarely, 12(24%) Always and 0 subjects Never.

TABLE NO 7: TABLE SHOWING ATI BHOJANA

In this present study of 50 subjects of *Grahani Roga*, Ati bhojana as a habit was seen in 15(30%) subjects Often, 19(38%) subjects Rarely, 15(30%) Always and 1(2%)subject Never.

TABLE NO 8 : TABLE SHOWING VISHAMASHANA

VISHAMASHANA	SUBJECTS	Percentage
Always	22	44%
Never	1	02%
Often	14	28%
Rarely	13	26%

In this present study of 50 subjects of *Grahani Roga*, Vishamashana as a habit was seen in 14(28%) subjects Often, 13(26%) subjects Rarely, 22(44%) Always and 1(2%)subject Never.

TABLE NO 9 : TABLE SHOWING ASATMYASHANA

ASATMYASHANA	SUBJECTS	Percentage
Always	13	26%
Never	2	04%
Often	19	38%
Rarely	16	32%

In this present study of 50 subjects of *Grahani Roga*, Asatmyashana as a habit was seen in 19(38%) subjects Often, 16(32%) subjects Rarely, 13(26%) Always and 2(4%) subjects Never.

TABLE NO 10: TABLE SHOWING GURU AHARA SEVANA

RUKSHA	SUBJECTS	Percentage
Always	23	46%
Often	18	36%
Rarely	9	18%
Never	0	00%

In this present study of 50 subjects of *Grahani Roga*, Guru ahar sevana as a habit was seen in 23(46%) subjects Always, 16(32%) subjects Often, 11(22%) Rarely and 0(0%) subjects Never.

TABLE NO 11: TABLE SHOWING SHEETA AHARA SEVANA

SHEETA	SUBJECTS	Percentage
Always	12	24%
Never	2	04%
Often	19	38%
Rarely	17	34%

In this present study of 50 subjects of *Grahani Roga*, Sheeta ahar sevana as a habit was seen in 12(24%) subjects Always, 19(38%) subjects Often, 17(34%) Rarely and 2(04%) subjects Never.

TABLE NO 12: TABLE SHOWING RUKSHA AHARA SEVANA

GURU	SUBJECTS	Percentage
Always	23	46%
Often	16	32%
Rarely	11	22%
Never	0	0%

In this present study of 50 subjects of *Grahani Roga*, Ruksha ahar sevana as a habit was seen in 23(46%) subjects Always, 18(36%) subjects Often, 9(18%) Rarely and 0(00%) subjects Never.

TABLE NO 13: TABLE SHOWING DUSHTA AHARA SEVANA

DUSHTA	SUBJECTS	Percentage
Always	10	20%
Never	3	06%
Often	9	18%
Rarely	28	56%

In this present study of 50 subjects of *Grahani Roga*, Dushta ahar sevana as a habit was seen in 20(40%) subjects Always, 9(18%) subjects Often, 28(56%) subjects Rarely and 3(06%) subjects Never.

OBSERVATIONS ON VIHARAJA NIDANA:

TABLE NO 14: TABLE SHOWING DESHA VAISHAMYA

DESHA VAISHAMYA FREQUENCY	SUBJECTS	Percentage
Always	12	24%
Never	4	08%
Often	12	24%
Rarely	22	44%

In this present study of 50 subjects of *Grahani Roga*, Desha vaishamya as a habit was seen in 12(24%) subjects Always, 12(24%) subjects Often, 22(44%)Subjects Rarely and 4(08%)subjects Never.

TABLE NO 15: TABLE SHOWING PANCHAKARMA APACHARA

PANCHAKARMA APACHARA	SUBJECTS	Percentage
Always	0	00%
Never	47	94%
Often	0	00%
Rarely	3	06%

In this present study of 50 subjects of *Grahani Roga*, Panchakarma Apachara as a habit was seen in 0(00%) subjects Always, 0(00%) subjects Often, 3(06%) Subjects Rarely and 47(94%)subjects Never.

TABLE NO 16: TABLE SHOWING VEGADHARANA

VEGADHARANA	SUBJECTS	Percentage
Always	17	34%
Never	1	02%
Often	23	46%
Rarely	9	18%

In this present study of 50 subjects of *Grahani Roga*, Vegadharana as a habit was seen in 17(34%) subjects Always, 23(46%) subjects Often, 9(18%) Subjects Rarely and 1(02%)subject Never.

TABLE NO. 17: SHOWING NIDANARTHAKARA ROGA

NIDANA	SUBJECTS	Percentage
Samanya Nidana	47	94%
Atisaraja Nidana	03	06%

In this present study of 50 subjects of *Grahani Roga*, 47(94%) subjects had samanya nidana and 3(6%) subjects had Atisara as nidana.

OBSERVATIONS ON MANASIKA NIDANA:

TABLE NO 18: TABLE SHOWING KRODHA

KRODHA	SUBJECTS	Percentage
Always	22	44%
Never	1	02%
Often	15	30%
Rarely	12	24%

In this present study of 50 subjects of *Grahani Roga*, Krodha as a habit was seen in 22(44%) subjects Always, 15(30%) subjects Often, 12(24%) Rarely and 1(02%)subject Never.

TABLE NO 19: TABLE SHOWING BHAYA

BHAYA	SUBJECTS	Percentage
Always	19	38%
Never	3	06%
Often	16	32%
Rarely	12	24%

In this present study of 50 subjects of *Grahani Roga*, Bhaya as a habit was seen in 19(38%) subjects Always, 16(32%) subjects Often, 12(24%) Rarely and 3(06%)subjects Never.

TABLE NO 20: TABLE SHOWING SHOKA

SHOKA	SUBJECTS	Percentage
Always	17	34%
Never	0	00%
Often	18	36%
Rarely	15	30%

In this present study of 50 subjects of *Grahani Roga*, Shoka as a habit was seen in 17(34%) subjects Always, 18(36%) subjects Often, 15(30%) Rarely and 0(00%)subjects Never.

TABLE NO 21: TABLE SHOWING DWESHA

DWESHA	SUBJECTS	Percentage
Always	6	12%
Never	3	06%
Often	7	14%
Rarely	34	68%

In this present study of 50 subjects of *Grahani Roga*, Dwesha as a habit was seen in 6(12%) subjects Always, 7(14%) subjects Often, 34(68%) Subjects Rarely and 3(06%)subjects Never.

TABLE NO 22: TABLE SHOWING CHINTA

CHINTA	SUBJECTS	Percentage
Always	32	64%
Never	0	00%
Often	12	24%
Rarely	6	12%

In this present study of 50 subjects of *Grahani Roga*, Chinta as a habit was seen in 32(64%) subjects Always, 12(24%) subjects Often, 6(12%) Rarely and 0(00%)subjects Never.

DISCUSSION

Discussion is the logical reasoning of observations. It is the most important part of research work. Discussion is essential to draw the conclusion from the findings and results obtained from the study Therefore, discussion is the core of any research work. Here an attempt is made to do discussion on review of literature, methodology, observations.

DISCUSSION ON OBSERVATIONS:

DIET: In this present study of 50 subjects of *Grahani Roga*, it was found that maximum i.e 33(66%) subjects had mixed type of diet , 17(34%) subjects had Veg diet. Mixed diet is mainly Guru, Snigdha and Abhishyandi which leads to Kapha-Pitta Prakopa which leads to Mandagni and Ama Utpatti, further it manifests as *Grahani Roga*.

AGNI: In this present study of 50 subjects of *Grahani Roga*, it is found that 42(84%) subjects had Mandagni, 8(16%) subjects had Vishmagni. This signifies the importance of Mandagni in the pathogenesis of *Grahani Roga*. Mandagni results in vitiation of Dosha which leads to Ama formation. It plays a key role in Samprapti of *Grahani Roga*.

KOSHITA : In this present study of 50 subjects of *Grahani Roga*, it is found that 29(58%) subjects had Mrudu Koshta, 12(24%) subjects had Krura Koshta and 9(18%) subjects had Madhyama Koshta. This indicates, the Subjects having Mrudu Koshta are more prone to *Grahani Roga* because of pitta bahulayata in mruduKoshta.

FREQUENCY OF MALA : In this present study of 50 subjects of *Grahani Roga*, it is found that 43(86%) subjects had increased frequency of mala and 7(14%) subjects had decreased frequency of mala. In the present study, the majority of subjects had increased frequency of bowel habit and it is due to increased sara guna pitta. This indicates the subjects of *Grahani* are more prone to recurrent **diarrhea**. In the present study, **diarrhea** was found predominant symptom, this may be thought of as an exaggerated colonic response to the stress.

DISCUSSION ON ASSESMENT CRITERIA

ABHOJANA: In this present study of 50 subjects of *Grahani Roga*, Abhojana as a habit was seen in 17(34%) subjects Often, 15(30%) subjects Rarely, 14(28%) Always and 4(8%) subjects Never. From this study we can say that subjects who skipped meals often were prone to vitiation vata dosha, this leads to agnimandya and further it manifests as *Grahani Roga*.

AJEERNA BHOJANA: In this present study of 50 subjects of *Grahani Roga*, Ajeerna bhojana as a habit was seen in 23(46%) subjects Often, 15(30%) subjects Rarely, 12(24%) Always. From this observation we can conclude that all the subjects had Ajeerna bhojana and most of them took often. By the habit of taking food before the digestion of the previous meal, the digestive product of the previous food gets mixed up with the product of food taken afterwards and

produces Agnimandya, which further leads to *Grahani Roga*.

ATI BHOJANA: In this present study of 50 subjects of *Grahani Roga*, Ati bhojana as a habit was seen in 15(30%) subjects Often, 19(38%) subjects Rarely, 15(30%) subjects Always. From this observation we can say that 30% of subjects had habit of taking Ati-bhojana as always and often, which affects the agni by its guru guna and leads to agni mandya and further hampers the function of organ grahani.

VISHAMASHANA: In this present study of 50 subjects of *Grahani Roga*, Vishamashana as a habit was seen in 14(28%) subjects Often, 13(26%) subjects Rarely, 22(44%) subjects Always. By these observations it was found that maximum subjects had habit of taking vishamashana on daily basis. It causes the vitiation of Vata and Agni. Irregular time of food intake disrupts the normal digestive pattern which adhered to a circadian rhythm.

ASATMYASHANA: In this present study of 50 subjects of *Grahani Roga*, Asatmyashana as a habit was seen in 19(38%) subjects Often, 16(32%) subjects Rarely, 13(26%) subjects Always. Maximum subjects took Asatmya ahara often, which is having direct impact on tridosha and grahani. Consumption of asatmya ahara leads to the impairment of Agni causes Tridosha dusti which forms the Grahanidosha. Certain food allergies cause inflammation in the intestine which alters the secretion of digestive enzymes also leads to *Grahani Roga*.

GURU AHARA SEVANA: In this present study of 50 subjects of *Grahani Roga*, Guru ahara sevana as a habit was seen in 23(46%) subjects Always, 16(32%) subjects Often. Maximum subjects always had habit of taking guru ahara, which hampered the function of agni by vitiation of kledaka kapha, and further leads to *Grahani Roga*.

SHEETA AHARA SEVANA: In this present study of 50 subjects of *Grahani Roga*, Sheeta ahara sevana as a habit was seen in 12(24%) subjects Always, 19(38%) subjects Often. Maximum subjects took Sheeta ahara often, which leads agnimandhya due to its sheeta guna and leads to formation of amadosha and finally end up with *Grahani Roga*.

RUKSHA AHARA SEVANA: In this present study of 50 subjects of *Grahani Roga*, Ruksha ahara sevana as a habit was seen in 23(46%) subjects Always, 18(36%) subjects Often, 9(18%) subjects Rarely. Maximum subjects always had habit of taking Ruksha ahara, which increases vata dosha by its ruksha guna causing Apana and Samana Vata dushti which leads to Agnimandya, further hamper the function of Grahani.

DUSHTA AHARA SEVANA: In this present study of 50 subjects of *Grahani Roga*, Dushta ahara sevana as a habit was seen in 20(40%) subjects Always, 9(18%) subjects Often, 28(56%) Rarely and 3(06%) subjects Never. Maximum subjects rarely took dusta bhojana as now a days people are more aware of hygienic food.

DESHA VAISHAMYA: In this present study of 50 subjects of *Grahani Roga*, Desha vaishamyas as a habit was seen in 12(24%) subjects Always, 12(24%) subjects Often, 22(44%) Rarely and 4(08%) subjects Never. Maximum subjects rarely exposed to desha vaishamyas because most of them were from Hubli city and maximum subjects had business as occupation and they follow irregular diet pattern due to heavy workload and most of the subjects were found belonging to moderate disturbance of Lifestyle.

PANCHAKARMA APACHARA: In this present study of 50 subjects of *Grahani Roga*, Panchakarma Apachara as a habit was seen in 0(00%) subjects Always, 0(00%) subjects Often, 3(06%) Rarely and 47(94%) subjects Never. Most of the subjects never underwent any type of Panchakarma procedures. So, in this study, even though Panchakarma Apachara leads to agnimandya and by this observations Panchakarma Apachara as nidana is not considered as major causative factor for Grahaniroga.

VEGADHARANA: In this present study of 50 subjects of *Grahani Roga*, Vegadharana as a habit was seen in 17(34%) subjects Always, 23(46%) subjects Often, 9(18%) Rarely and 1(02%) subject Never. Maximum subjects suppressed natural urges often, most of the subjects suppressed Adho vayu, Mutra, Purisha, Kshudha, Pipaasa, and nidra vegadharana which had impact on agni and leads to *Grahani Roga*.

KRODHA : In this present study of 50 subjects of *Grahani Roga*, Krodha as a habit was seen in 22(44%) subjects Always, 15(30%) subjects Often, 12(24%) Rarely and 1(02%) subject Never. Maximum subjects had always experienced Krodha, which causes Vitiating of Pitta, Pitta is responsible for all sorts of Metabolic changes in the body, Sadhaka Pitta located in Hridaya which covers the Manas from Rajo Guna. Pitta will get hampered it further causes the Agni Dusti this results in Ajeerna. And even though when individual takes Hita Ahara and Mita Ahara in proper time if the person gets afflicted from Manasika Bhavas like Krodha the ingested food will not undergo complete digestion and it may end up with *Grahani Roga*.

BHAYA: In this present study of 50 subjects of *Grahani Roga*, 19(38%) subjects experienced bhaya on daily basis, 16(32%) subjects Often, 12(24%) Rarely and 3(06%) subjects Never. Maximum subjects had always experienced Bhaya, which causes Vitiating of Vata Dosha, Vata Prakriti persons are more prone to Manasika Bhavas. The Vitiating Vata Dosha Furthermore vitiating of Manasika Dosha by Rajo Guna which it turns causes Agni Dusti. Further It causes *Grahani Roga*.

SHOKA: In this present study of 50 subjects of *Grahani Roga*, 17(34%) subjects were under influence of Shoka on daily basis, 18(36%) subjects Often, 15(30%) Rarely and 0(00%) subjects Never. Maximum subjects had often experienced shoka due to life events, which leads to vitiating of vata prakopa. Vitiating Samana Vayu with the involvement of Rajo Guna further causes Agni Dusti.

DWESHA: In this present study of 50 subjects of *Grahani Roga*, 6(12%) subjects were always under the influence of dwesha, 7(14%) subjects Often, 34(68%) Rarely and 3(06%) subjects Never. Maximum subjects rarely experienced dwesha, As Dwesha is a negative emotion, many subjects had a chance of lying, so we cannot rely on the observations and conclusion cannot be obtained.

CHINTA: In this present study of 50 subjects of *Grahani Roga*, 32(64%) subjects were always under the influence of tremendous Chinta, 12(24%) subjects

Often, 6(12%) Rarely and 0(00%) subjects Never. Maximum subjects always had chinta, which causes vitiation of Vata. while explaining the Srotodusti Nidana for Rasavaha Srotas, Ati Chinta is one of the Nidana for Rasavaha Srotodusti. By Rasavaha sroto dusti, lakshanas like Ashraddha, Aruchi, Aasyavy-rasya, Arasagnatha are produced, by looking into these Rasa dusti lakshanas one can infer Agnidusti. Further It causes *Grahani Roga*.

DISCUSSION ON NIDANARTHAKARAROGA:

In this present study of 50 subjects of *Grahani Roga*, 47(94%) subjects had samanya nidana and 3(6%) subjects had Atisara as nidana. Even though Atisara is considered as *Nidanarthakara Roga* for *Grahani Roga*, in the present study only 3(6%) subjects had history of Atisara and followed by apathyahara by which they suffered from agni dusti in turn manifested as *Grahani Roga*.

From all the above observations we can conclude that Ati Guruahara (46%), Ati Ruksha ahara(46%)and Vishamashana(44%) were found to be potential Aharaja nidanas as it consumed on a daily basis by maximum subjects. Vegadharana (46%) was done by maximum subjects often, so it can be considered as possible Viharaja nidana. Maximum subjects always experienced Chinta (64%), Krodha (44%) and Bhaya (38%). So, these can be considered as definitive Manasika nidana for *Grahani Roga*.

CONCLUSION

- After the detailed study of disease *Grahani Roga* and observations on nidanas it may conclude that Ati Guruahara sevana, Ati Ruksha ahara sevana and Vishamashana are considered as potential Aharaja nidana.
- Vega dharana of Kshudha, Pureesha, mutra ,Adho vayu, Pipaasa, Nidra is considered as a possible Viharaja nidana.
- Chinta, Krodha and Bhaya as definitive Manasika nidana for *Grahani Roga*.
- The same study can be conducted in larger sample size and detailed individual nidanas are critically analysed in further studies.

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