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Case Report

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CASE STUDY ON THE MANAGEMENT OF GRAHANI WITH PICHHA BASTI

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ABSTRACT

The term *Grahani* in Ayurveda is employed basically for the seat of *Agni* (i.e., the digestive fire), which helps in the digestion and metabolism of food. Thousands of year-old Ayurveda classics suggest that ingestion, digestion, absorption, and assimilation of *Aahaar* are regulated by *Grahani*. When the *Agni* diminishes (as seen in *Mandagni*), then improper digestion of ingested food leads to a certain pathological condition termed *Grahani Roga*. *Grahani* is a disease that affects a large population globally, especially in developing countries, and is associated with improper food habits along with a stressful lifestyle. The pathogenesis of *Grahani Roga* works around *Agni Dosha* which is associated with impaired digestive function caused due to inappropriate digestive fire. Scientific research has linked it to stress and anxiety, yet the exact cause of the disease is unknown. Ayurveda describe various treatment modalities for the management of *Grahani Roga* such as - the use of herbs & formulation, *Yoga*, and lifestyle modification, and none other than *Panchkarma* therapy. In this study, a 29-year-old female subject with complaints of *Grahani Roga* has been reported. She has been treated with *Pichha Basti* and certain Ayurvedic drugs and the results recorded were highly significant.

Keywords: Grahani, Ayurveda treatment, Agni, Pichha Basti.

INTRODUCTION

Grahani is a Jeerna Annavaha Sroto Gata Vyadhi related to Agni. Ayurveda considers it as a Sannipataj Vyadhi, which occurs due to the depletion of Jatharagni by all the three doshas – Samana Vaat, Pachaka Pitta, and Kledaka Kapha.^[1]. The term Grahani implies both the name of the disease and the organ that is involved in pathogenesis. In Ayurveda, Mandagni is considered the root cause of the manifestation of many diseases. Among them, Grahani Roga is one of the prime diseases of the gastro-intestinal tract and is seen often in day-to-day practice. Mandagni leads to Ama Dosha (undigested food) which may result in Grahani Roga over time. Acharya Charaka says that when partially digested and partially undigested bio substances moves downward in the gastrointestinal tract it produces a disorder known as Grahani Roga due to Durbala (weak) Agni. [2]. Grahani and Agni are interdependent. Grahani is considered under eight major diseases (Ashtamahagada) by Acharya Vagbhatta.^[3] On discussing the etiological factors of Grahani, the Acharyas have different opinions – Acharya Sushruta described Grahani Roga in chapter Atisara Pratisedh where he states that if a person who has Mandagni or a person who has just recovered from Atisaar takes indiscriminate food may suffer from Grahani Roga. Acharya Charaka, while describing the treatment of Amatisaara stated that if Sangrahi medicine is given during Amaavastha of Atisaara may cause Grahani Roga. Arsha and Atisaara may directly produce Grahani Roga as these are Anyonya Nidana Bhuta Vikara. In the Pittaja Jwara where Atisaara is a predominant feature may produce Grahani Roga. Indigestion altered stool consistency and disturbed bowel habits are the cardinal symptoms of Grahani Roga. In modern medicine, some drugs may give mild relief in symptoms but after some time patients become adherent to them. Some patients get benefits with steroids over a certain period of time, which again have certain limitations. So, patients are always seeking some alternative therapy promising more effective and safer outcomes. Ayurveda describe various treatment modalities for the management of *Grahani Roga* such as - the use of herbs & formulation, *yoga*, and lifestyle modification, and none other than *Panchkarma* therapy. Here, the patient has been treated with *Pichha Basti* and certain Ayurvedic drugs and the results recorded were highly significant.

AIMS & OBJECTIVES:

1. To prove the efficacy of *Ayurvedic* treatment in the management of *Grahani*.

2. To provide a more therapeutic, cost-effective, and complication-free treatment.

MATERIAL & METHODS:

Selection of patient:

Age – 29 years

Gender – Female

Religion- Hindu

Marital Status – Single

Economic status - Middle upper-class

Place of study:

Patanjali Ayurveda Hospital, Haridwar (Uttarakhand), India. HIN No- 16539801196

Plan of study:

- 1. Proforma compiled with detailed clinical history and physical examination of the patient.
- 2. Routine clinical investigations were done before performing the study.
- 3. After confirming the diagnosis, the patient was advised to follow the treatment guideline strictly.

Assessment Criteria: The improvement in the patient was assessed on the basis of relief in signs and symptoms of the disease.

Case Study:

A 29-year-old female patient visited in O.P.D of Patanjali Ayurved Hospital, Haridwar in September 2022 with complaints of- *Udarshoola* (pain in the abdomen), *Ati Shrusht Malapravrutti Vibaddha Mala Pravrutti* (alternate diarrhea and constipation), *Bhojanottar Evam Malatyagoprant Shoolavruddhi* (Aggravation of pain after meals or post defecation), *Balkshaya* (Weakness), and *Arochak* (tastelessness) for 9 months.

History of Present Illness: The patient was asymptomatic and healthy 4 years ago. Then in 2018, gradually she elicited symptoms like alternate episodes of diarrhea and constipation with mild swelling over the naval region and tightness in the abdomen. For this, she had been taken to a nearby allopathic practitioner. There she underwent certain routine lab investigations and was prescribed the medications without a conclusive diagnosis. She continued the treatment for about 6 months but due to the gradual progression in her condition and no relief from the treatment, she stopped the treatment. In September 2018, she again started having episodes of alternate diarrhea with a frequency of 10-12 motions/day and constipation with a frequency of motion once in 34 days. This time the symptoms got accompanied by gradual weight loss, followed by weakness, tastelessness, and an increase in abdominal pain post-defecation. Seeing the severity and progression of her disease she visited Patanjali Ayurved Hospital in September 2022, where she had been prescribed certain medications and Panchkarma therapy after that she got highly significant relief and continued to be in regular follow-ups till January 2023.

History of Past Illness: No History of Diabetes Mellitus, Hypertension, Asthma, and any surgery. The history is not otherwise contributory.

Treatment History: Not on any allopathic medications for the last 3 years.

Personal History:

The patient is vegetarian.

No history of Smoking, Alcohol, or Tobacco.

Appetite: Good intake

Micturition: Normal

Sleep: Sound (Sleeping time: 10:00 p.m. & wake up time: 7:00 a.m.)

Effect of disease on sleep not recorded.

Family History:

Not specific regarding the issue. All other family members are said to be healthy.

General Examination:

General Condition: Fair, medium built B.P: 110/70 mm of Hg Pulse: 74b/min Height: 167.64cm Weight: 49kg Pallor: Absent Icterus: Absent Koilonychias: Absent Lymphadenopathy: Absent Edema: Absent Cyanosis: Absent Temperature: Afebrile (98.4⁰F) Ashtavidha Pariksha: Nadi: Vata pittaj Mutra: 4-5 times/day, no pain or burning sensation during micturition recorded. Mala: 10-12 times/day, watery on &off Jihwa: Alipta Shabda: Samanya Sparsha: Samyaka Drika: Samyaka Akriti: Samyaka. **Systemic Examination:** R.S: NAD. **CVS**: $S_1S_2 - N$ CNS: Conscious, oriented. GIT: Inspection: Normal shape of the abdomen, No scars, dilated veins present Palpation: Tenderness at the abdomen (umbilical region), Percussion-Tympanic Auscultation- Normal sounds heard Vvadhi Ghataka: Dosha: Pitta Pradhan Tridosha Dushya: Udak, pureesh Srotasa: Pureeshvaha, udakvaha, annvaha Srotodushti: Ati pravrutti Adhisthana: Pakwashaya Ashaya: Pakwashayuth

Investigations:

2021-

Colonoscopy – Done on 09/11/2021, reported within normal limits.

Endoscopy – Done on 16/11/2021, reported within normal limits.

Diagnosis: Grahani

Shodhan chikitsa-

Anuvasana Basti	Bilvadi tailam (60ml)			
Niruha basti	Madhu – 60ml			
(Pichha Basti)	Lavan-5g			
	Yamak – Chandan bala taila (50ml) + Shatavari ghrit (50ml)			
	Kalka – Mochras (6g), Kutaj (5g), methi (5g), ashwagandha churn (5g), shatavari churn (5g)			
	Ksheerpak- Dugdh – 200ml			
	Mulethi kwath (200ml)			

Shaman chikitsa:

Sarvkalp Kwath	100g	Take 1 tsf of the medicine and boil it in 4 cups of water. Boil	
Immunogrit Kwath Medha Kwath -	100g	till it reduces to 1 cup. Strain and take twice a day an hour be-	
	100g	fore a meal.	
Tab Cologrit	2 tabs	2 tabs thrice a day after meal with water	
Tab Liv amrit Tab Saptvinshati	2 tabs		
guggulu	2 tabs		
Syp Abhyarishta	3tsf	Take 6tsf of medicine with an equal amount of water twice a	
Syp Kumari asava	3 tsf	day after a meal	

FOLLOW UPS	1 st Follow Up	2 nd Follow Up	3 rd Follow Up
	September 2022	December 2022	January 2023
Duration of Treatment	8 days	13 days	9 days
Treatment given	Pichha Basti & Shaman aushadhi	Pichha Basti & Shaman aushadhi	Pichha Basti & Shaman aushadhi
Symptoms			
<i>Udarshoola</i> (Pain in abdo- men post defecation)	+++	++	+ (On & off)
Vibandha	+++ (motions once in 3-4 days)	++ (motions once in 2-3 days)	- (not present)
Atisaar (Diarrhoea)	++++ (10-12 times/day)	+ (2-3 times/day)	- (not present)
Medakshaya (weight loss) +++ (49kg)		+ (52kg)	++ (51kg)
Balakshaya (Weakness)	+++	++	+

Result: Chief complaints of the patient namely pain in the abdomen, alternate diarrhea and constipation gradually decreased and improved after starting the treatment. The complaint of pain in the abdomen subsided from the 23 sessions of *basti* treatment. Other associated complaints like general weakness and dizziness also improved. And finally, she got symptom free within 4 months of Ayurvedic treatment.

DISCUSSION

This is a case study of a 29-year-old female patient, who presented with a history of abdominal pain associated with an alternate episode of constipation and lose motions for 4 years. The colonoscopy and biopsy performed in 2021 revealed a normal study. A regular approach for allopathic medications was suggested but the patient denied it and visited Patanjali Ayurved Hospital for further and better management. The patient came to the hospital without a confirmed diagnosis. In Ayurveda, the symptoms suggest the clear presence of Grahani which is due to Mandagni. As per this alternative therapy system, the imbalance of the three elements and diminished digestive power is the main reason for any ailment in the body. Agnimandhya is an important factor in the Samprapti of the disease so it should be mainly treated for Agnivardhana by Deepana (carminative property) and Pachana (digestive property) drugs. All the treatment modalities of Ajeerna and Atisara should be implemented in the management of Grahani Ashrita Dosha. Here, we have used Pichha Basti as the main line of treatment. That Pravahika which does not subside by Vilanghana (fasting) or get increased by the use of Pachana (digestive drugs), subsides by using boiled milk, oil of sesame (Til Taila), and Pichha Basti (slimy enema).^[4]

Mode of action of Pichha Basti -

Chronic diarrhea is a feature of *Grahini*, excessively rapid entry of chyme into the small or large intestine generates propulsive motor patterns leading to accelerated transit. Inflammation is associated with decreased mixing motor patterns but increased propulsive motility including high amplitude propagated contractions. Hence treatment of inflammation and correcting the excessive abnormal peristalsis is the treatment principle in certain chronic diarrhea mostly associated with irritable bowel syndrome, Crohn's disease & ulcerative colitis. Contents in Pichha Basti have anti-inflammatory and antidiarrheal properties. Moreover, Basti treatment itself can set in the reverse peristaltic waves, which can slow down the high amplitude propagated contractions in the colon. Basti has direct access to the colon and rectum, thus drugs used

in Basti can directly reach the site of inflammation or ulcers without any alteration due to gastric contents. The small intestine is the excretory organ for the Pitta & colon for Vata in natural course. But diseases associated with the intestine can hamper the Pitta and Vata excretion. Pitta is excreted through the small intestine by Virechana therapy and Vata from the colon by Basti. This brings Dosha from Shakha and Marma to Koshtha. Thus, inflammation of these organs makes the patient ineligible for Panchakarma therapy. Koshtha has to be capable of excreting Dosha. Thus, it is inevitable to treat and heal the gut (koshtha) on priority either by drug or by Basti treatment. It contains drugs that have Snigdha and Pichhila properties which protect the ulcer from irritations and give the ulcer sufficient time to heal by forming protecting layer.

Properties of drugs used in Pichha Basti -

Shalmali i.e., Salmalia malabarica (DC.) Schott & Endl is the primary and common ingredient in all the classical formulations of Pichha Basti. This herb is included in Purishavirajaniya, Shonitasthapana, and Vedanasthapana Kashaya.^[5]. Gum resin and the stem of shalmali both are used to prepare Pichha Basti. It has antibacterial, antioxidant, anti-inflammatory, anti-carcinogenic, immunomodulatory, hypolipidemic, antihyperglycemic, and analgesic properties.^{[6].} It has specific activities such as anti-HIV activity & anti-Helicobacter pylori activity^{. [7].} Tannins and gallic acids present in Mocharasa act as astringents which precipitate proteins that are helpful in restoring the damaged epithelial mucosal lining of the ulcerated mucosa. [8] A gum resin is rich in starch contents, and Mocharasa forms a mucilaginous layer that protects the inflamed and damaged intestinal mucosa. Chandana (Santalum album L.), Shatavari and Madhuka (Glycyrrhiza glabra Linn.) used in Pichha Basti are cold in nature and pacify Pitta Dosha, which is vital for the reduction of inflammation. Honey and Ghee together relieve the wound's warmth showing anti-inflammatory actions ^{[9].} Ghrita is a wellknown remedy for vitiated pitta. Research has proven the wound-healing potential of honey and its inhibitory effect on most strains of pathogenic bacteria. Also, the increase in resistant bacterial species has stressed using natural antibacterial agents. In this way, the contents of *Pichha Basti* synergistically act and help in managing *Grahani*. There are no side effects seen during the whole course of treatment. The result was very significant in terms of complete remission of symptoms which was assessed in terms of improvement observed in gradation scores of bowel frequency, pain in the abdomen, and generalized weakness.

Properties of Shaman aushadi used - Shaman Aushadis used contains certain classical and patent herbal drugs manufactured from the Divya Pharmacy The core contents of the drugs include *Bilva*, *Kutaj*, Jeerak, Ajwain, Saunf, Gulaab, Gokshur, Punarnava, Bhumiamla, Makoy, and certain Rasayana drugs which possess Kashaya, Tikta Rasa, Katu Vipaka And Laghu Guna and acts as Agni Deepak and Amapachaka. Kashaya Rasa and Ushna Virya help in reducing colonic motility. The Sangrahi property of Bilva is very useful to treat the increased frequency of defecation and the consistency of stool. Pharmacological activities such as antidiarrheal, antidysentry, antibacterial, antiprotozoal, antispasmodic, antidepressant, antifungal, antigiardiasis, anthelmintic, antispasmodic, anti-inflammatory, carminatives were the core properties of the Shaman Aushadi Drugs. Having the Rasayana effect helps in relieving psychological factors such as anxiety fear, etc., and it may enhance the Bala of Deha and Indriya.

CONCLUSION

Grahani Roga can be managed successfully with *Ayurvedic* treatment and needs to be studied and applied in a greater number of cases.

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