

AYURVEDIC MANAGEMENT OF GRAHANI ROGA- CASE REPORT

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ABSTRACT

Grahani Roga is a disease of *Annavaha Srotas* caused due to the formation of *Ama* due to *Mandagni*. Elimination of *Vidagadha* or *Apakva anna* through the *Guda* is known as *Grahani Roga*. Acharya Charaka has mentioned that the improperly digested food due to *Mandagni* when moved either in *Urdhwa* or *Adho-Marga* leads to *Grahani Roga*. Acharya Sushruta and Madhavakara have mentioned that patients of *Atisara*, during the stage of *Agnimandya*, if taken *virudhha ahara*, may lead to *Grahani Roga*. *Muhur Baddha Muhur drava mala pravritti* (altered bowel habit), *Shleshma mala pravritti* (mucous in stool) are the main symptoms of this disease. The symptoms of *Grahani* resemble most irritable bowel syndrome (IBS) symptoms. So, we can correlate the *Grahani roga* with IBS. A diagnosed case of *Grahani* (IBS) is discussed here who was treated with *Bilwavaleha*, *Sanjeevani Churna*, *Arogyavardhini vati*, *Brahmi vati*, *Manasamitravatakam* and *Hingwashtak churna*.

Keywords: *Grahani roga*, IBS, *Agnimandya*, Case report

INTRODUCTION

Globalization, fast modern life, and the growing trend of nuclear families have brought huge amounts of changes in our lifestyle and the quality of our living.

The trend of junk food, instant fast food and adulteration of food items has suppressed the concept of complete and balanced nutrition and also has

degraded the quality of food these days. Stress to survive in a very competitive world adds up to the problems. All these very badly affect the normal physiology of our body. This points out the clinical relevance of understanding and treating the disease *Grahani* as it is directly related to the improper lifestyle and food habits of people. The seat of Agni which retains the food until it is fully digested is called *Grahani*. After digestion, it passes into *Pakwashaya*. As per Acharya Sushruta *Grahani* is the 6th *Pittadhara Kala* situated between *Amashaya* (Stomach) and *Pakwashaya*¹. Acharya Charaka has mentioned it is the part that is situated above *Nabhi* (Umbilicus) and is supported and nourished by the strength of *Agni*. *Grahani* (organ) digests the food and releases it into the next *Ashayas* i.e., *Pakwashaya*². The disease where there is impairment of *Agni* and *Grahani* gets vitiated is called *Grahani Roga*. Disturbed digestion is the main pathology seen in *Grahani*. It produces symptoms like *Atisrushta Atibadha Mala* (loose/constipated), *Trushna* (Thirst), *Arochaka* (tastelessness), *Aasyavairasya* (Altered taste), *Praseka* (excessive salivation), *Shoona Pada Kara* (oedema over hands and feet), *Asthisara Ruk* (pain in phalangeal joint and bone), *Chhardi* (vomiting), *Jwara* (fever), and *Louhagandhi Amlodgara* (iron pungent odour burps)³.

Irritable bowel syndrome (IBS) is a vague term for a variety of diseases causing discomfort in the GI tract which causes great morbidity in the population. It is a functional bowel disorder characterized by chronic abdominal pain, discomfort, bloating and alteration of bowel habits in the absence of any organic cause. Psychological factors like stress, anxiety etc., play an important role in the manifestation of IBS. It is characterized by recurrent abdominal pain and abnormal defecation in the absence of a structural abnormality of the gut⁴.

MATERIAL AND METHODS

Case Report

A 37-year-old housewife, who was a clinically diagnosed case of IBS, came to the Kayachikitsa OPD (Regn. No: OPD20-32030) of Pakwasa Samanway Rughnalya, Nagpur on 27th October 2020,

having chief complaints as *Dravamala pravritti* (Frequent loose motions) after having food, sometimes *Malabadhata* (Constipation), *Apakwa malapravritti* (Mucous stools), *Adhmana* (Bloating), *Daurbalya* (Weakness) *Kshudhamandya* (Loss of Appetite), and *Alasya* (Fatigue) since one and a half years. She also has abdominal pain for six months which gets relieved after passing stool.

History of Present illness

The non-hypertensive, non-diabetic patient was asymptomatic before one and a half years. She has taken treatment from various hospitals and did not get any complete relief. A colonoscopy procedure was done before 6 months which did not reveal any underlying pathology. Following that she has taken antacids and antispasmodic drugs unevenly.

General Examination

Vitals General condition of the patient was fair

Pulse: 70/min; Temp.: Afebrile

BP: 120/70 mm of Hg; RR: 18/min

Weight: 42 kg, lean built

Systemic examination:

CVS: S₁S₂ Normal, no abnormal sound was heard

CNS: Conscious and oriented

RS: Chest clear, AE= B/L

P/A: Soft with mild tenderness in right lumbar and umbilical region

Mild pallor was observed

Ashtavidha Pareeksha

Nadi: *Pitta pradhana vata*: *Mutra*: *Samyak*, 5-6times/day

Mala: *Muhurbadha muhursrishta* (5-6 times/day):

Jihwa: *Alpasama*

Shabda: *Spashta*, *Sparsha*: *Samasheetoshna*

Drik: *Spashta*, *Alpa panduta*, *Akriti*: *Krishna*

Blood Investigations

Hb%: 10.5g/dl; other complete blood count values were within normal limits.

ESR: 35mm/1st 1 hour

FBS: 90mg/dl

TREATMENT

1. *Bilwavaleha* 10gm BD
2. *Sanjivani Churna* 1gm BD
3. *Arogyavardhini vati* 500mg BD

4. *Brahmi vati* 500mg HS
5. *Manasamitra vatakam* 1tab HS
6. *Hingwashtak churna* 3gm BD

The medicines *Bilwavaleha*, *Sanjivani Churna*, *Arogyavardhini vati* and *Brahmi vati* were given after food with *koshna jala* as *anupana* for 1month and *Manasamitra vatakam* was given for 10 days as HS with milk as *anupana* as the patient expressed mild anxiety. *Hingwashtak churna* was given with the first bolus of food with ghee twice a day. Along with the medicine, the patient was advised to follow the *Pathyapathya* of *Grahaniroga*. She was told to consume, *laghu ahara*, *takrahara* etc. and to avoid oily, spicy, heavy, and hard to digest food. *Divaswapna*, *ativyayama*, *atichankramana* etc were also advised to avoid. Follow up was taken every 7 days for 1 month.

OBSERVATION

During the first follow up the frequency of passing stools were reduced to 4-5times/day. During the 2nd and 3rd follow up there were marked relief in all of her symptoms but *Adhmana* was persisting. So, during the 3rd follow up *Hingwashtak churna* was given 3gm for seven days and was told to do moderate walking and other exercises. On the 4th follow up day motion was normal in consistency with 1-2 times a day, she had an adequate appetite and no fatigue or weakness as her food intake and digestion was normal. *Adhmana* was also reduced markedly.

DISCUSSION

Grahani is the disease of *Agnivikriti*. The formation of *Aamdosha* at different levels is the main *samprapti* responsible for the disease. *Bilva*, due to its *Kashaya*, *Tikta Rasa*, *Katu Vipaka* and *Laghu Guna* acts as *Agni Dipana* and also *Amapachaka*. *Kashaya Rasa* and *Ushna Virya* help in reducing colonic motility. *Sangrahi* property of *Bilva* is very useful to treat the increased frequency of defecation and the consistency of stool. In *Bilvadileha* in addition to *Bilva*, *Prakshepa Dravyas* like *Dhanyak*, *Jirak*, *Ela*, *Twak*, *Trikatu*, *Musta*, have properties like *Dipana*, *Pachana*, *Kaphahara*, *Vedanasthapak*, *Rasayana*. *Sanjivani churna* is good for relieving

Amdosha and is antimicrobial. *Arogyavardhini vati* as the name implies with its wide variety of actions improves health and is a potent digestive stimulant. Here improper digestion itself was the main problem. *Manasamitravatam* and *Brahmi vati* are ant-stress, anti-anxiety, and anti-depression properties. *Hingwashtak churna* is *Agnivardhaka* and *Vatanulomana*.

CONCLUSION

In the present study administration of *Bilwavaleha*, *Sanjivani churna*, *Arogyavardhini vati*, *Brahmi vati*, *Manasamitra vatakam*, and *Hingwashtak churna* are found to be very effective in curing the symptoms of *Grahani*. There was no adverse drug reaction seen during the time of treatment. So, from this case study, it can be concluded that Ayurvedic treatment is very effective in *Grahani Roga*.

REFERENCES

1. Ambikadatta Shastri, Hindi commentary, Sushruta Samhita (Uttar Tantra), Atisar Pratised Adhyay, Chaukhamba Sanskrit Sansthan Varanasi; 2012 p.306.
2. Astanga Hridayam of Shrimad Vagbhata Ed.by Brahmanand Tripathi Reprint Ed. Chaukhambha Sanskrit Pratishtan, Delhi 2017 P.762.
3. Vidyadhara Shukla, Ravi Datta Tripathi, Charak Samhita Vol.I (Chikitsasthana), *Grahani chikitsa* Adhyay, Chaukhamba Sanskrit Pratishtan, Delhi; 2012 p.369.
4. Harrison's Principles of Internal Medicine Ed.by Kasper, Braunwald, Fauci, Hauser, Longo, Jameson Reprinted. McGraw Hill 2005:1789.

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