

ROLE OF PANCHAKARMA IN THE MANAGEMENT OF VATAJA GRAHANI WITH THE BLENDED APPROACH OF GULMA CHIKITSA – A CASE STUDYAshwini R¹, Shreyas D M², Kiran M Goud³

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**ABSTRACT**

Grahani is the main functional part of the Mahasrotas situated in between amashaya and pakwashaya. It is also called agni sthana. Grahani and Agni are inter related as they are having ashraya and ashrayi sambandha, hamper in the state of Agni may lead to the disease's GI tract. Mandagni is the root cause of most diseases according to our acharya. Grahani roga described in our classic can represent the group of diseases of the digestive system. one can realize the importance and severity of the grahani roga as it is mentioned under the asta Mahagada. In the era where life style and food habits have changed rapidly and hampering the agni because of improper diet and lifestyle. Sarpi is the best in agnimandhya if the agni is suppressed due to the disease then ghrita holds good for Agni deepanartha. Whenever there is the presence of shula and shotha anywhere in the GI tract it can be considered as Gulma and hence to clear this shula and shotha according to Acharya charak Mrudu virechana and Basti karma was planned as per the chikitsa sutra given in gulma roga before administering the Sarpi internally in vataja Grahani.

Keywords: *Grahani, Virechana, Basti*

INTRODUCTION

“Rogaha sarve api mande agnau” The causative factor for most diseases is Mandagni. The disease in which grahani gets vitiated and there by impairs the agni is called Grahani roga. Grahani is a site of Agni and is situated above Nabhi. It is not only a site of Agni but is also supported and strengthened by Jatharagni. It receives the ingested food, which is retained by it (i.e. Grahani), till the process of digestion, and after digestion, it releases the food through the sides of the lumen to Pakwashaya. In abnormal conditions, when it gets vitiated because of Mandagni, it releases the food in an undigested form. Due to the present day's ahara vihara, the agni is getting vitiated and leading to the group of celiac diseases under which Vataja grahani can also be considered. To clear the Ama in the patients of grahani roga shodhana has to be done. Acharya Charaka has highlighted the importance of virechana karma in patients who are having difficulty passing stool. Basti karma is one among the Panchakarma treatment which is specifically advised for the vata dosha pradhana vyadhi. In the gulma chikitsa sutra Acharya Charaka highlighted both virechana karma and basti karma to reduce shula and shotha¹.

Case history

Patient complaint of muhur badha and muhur srava malapravrutti (constipation and loose stool), incomplete sense of defecation after passing stool, Severe pain abdomen at the time of passing stool since 4year.

History of present illness

A 55-year-old Hindu married female patient residing in Japan (shifted 10years back), not a k/c/o Dm, HTN or thyroid was approached to OPD with complaints of severe pain abdomen in the epigastric region and lumbar region, constipated bowel or loose stool at the irregular interval, incomplete sense of defecation even after passing the stool since last 4 years, got severe and more frequent from last 6months. The patient also complains of distension of the abdomen, tikta amlodgara & pain on intake of milk products, cookies, or any hard food. Associated with generalized weakness and she lost almost around 6kg of weight in

the last 3 years. 4years back suddenly patient experienced constipation first and the next day severe pain abdomen in the epigastric region, and loose stools were noticed. The pain was intolerable so she took medicine and felt better details of which are not known. Again after 6months once the same episodes were repeated, and after 3months the same symptoms were noticed again. so she consulted a physician there she was advised for an Abdominal CT scan she was said to be having Diverticulitis and she was treated with medication for the same details which are not known. But for the last 6months, the symptoms got aggravated and are troublesome in day-to-day life. As the episodes were reoccurring frequently the patient approached the OPD of SKAMCH&RC for further management. In past history there is no HTN, Dm or trauma, or any other major medical illness, All family members are said to be healthy.

Treatment history

The patient underwent a course of Antibiotics and Antacids whenever she experienced pain details of which are not known. The patient was prescribed medication for diverticulitis details of which are not known.

Personal history

Appetite: Reduced

Bowel: Irregular (Muhurbadha muhurdrava)

Micturition: Regular

Sleep: Sound but (Disturbed only during the attack of the episode)

General examination

Built: moderately built

Nourishment: moderately nourished

Pulse Rate: 76beat/ Min.

Respiratory Rate: 19 cycles/min.

BP: 130/80 mmHg

Temperature: 97 °F

Height: 1.52 m

Weight: 50 Kg

BMI: 21.64 kg/m²

Tongue: Coated

Pallor: Absent

Icterus: Absent

Lymphadenopathy: Absent

Koilonychia: Absent

Cyanosis: Absent

Clubbing: Absent

Edema: Absent

Astavidha pariksha

Nadi- 76bpm

Mala – 2-3 times/day

Mutra – 5-6 times/day

Jivha- Lipta

Shabda – prakruta

Sparsha- Anushnasheeta

Drik – Prakruta

Akriti – Krishna

Systemic examination

Respiratory system: Bilateral equal air entry, Normal vesicular breath sounds present.

Cardiovascular system: S1-S2 sounds heard, no Murmurs.

Gastrointestinal system: Soft, slightly tender at the epigastric region, no scar marks no visible veins.

Central nervous system: patient-oriented to time place person.

Diagnosis

Vataja grahanil based on the pratyatma lakshana mentioned in the classics.

Intervention

Table no-1 Virechana karma

Day	Procedure	Medicine used												
Day 1-3 (3days)	Deepana pachana	Ganji (Rice Ganji) without salt												
Day 4- 7 (4days)	<table border="1"> <thead> <tr> <th>Day</th> <th>Day</th> <th>Day</th> <th>Day 4</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>30ml</td> <td>60ml</td> <td>90ml</td> <td>120ml</td> </tr> </tbody> </table> Snehapana	Day	Day	Day	Day 4	1	2	3		30ml	60ml	90ml	120ml	Sukumara ghrita
Day	Day	Day	Day 4											
1	2	3												
30ml	60ml	90ml	120ml											
Day 8-10 (3days)	Sarvanga abhyanga and baspa sweda (vishrama kala for virechana karma)	Murchita taila												
Day 11 th	Virechana karma	Trivrutta avalehya – 60gm												
Day 12-16 (5days)	Samsarjana krama													

The total number of vega- 15 vegas, kaphanta was appreciated.

Table no 2- Basti karma

Day	Treatment	Duration
Day 25-32 (8days)	1.Sarvanga Abhyanga with Murchita taila 2. Mrudu Nadi sweda 3. Yoga basti Anuvasana basti with Dadimadi Ghrita-80ml Niruha basti Madhu- 40ml Saindava lavana- 10gm Sneha (Dadimadi ghrita)-120ml Kalka (Yestimadhu churna)-30gm Kashaya (Dashamoola & Yestimadhu)- 300ml	8days

Yogabasti pattern

A=Anuvasana basti, N=Niruha basti

1	2	3	4	5	6	7	8
A	N	A	N	A	N	A	A

Table 3- Clinical grading and Assessment

Clinical feature	Gradings	BT	AT	AT1	
Muhurbadha muhurdrava mala	Passing normal consistency stool(1time/day)	0	3	2	0
	Passing stool irregular (1-2 times/day without pain)	1			
	Passing stool irregular (2-3 times/day with pain)	2			
	Passing stool irregular & just after meal (3-4time/day) with pain	3			
	Passing stool irregular & just after a meal (>4 time/day) with pain	4			
Distention of abdomen	No complaint	0	3	2	1
	Rarely complaint once a week	1			
	Distension of the abdomen after taking meals for up to 1hour	2			
	Distension of the abdomen after taking meals up to 1-3 hour	3			
	Distension of the abdomen after taking meals for up to 6 hours	4			
Passing mucus in stool	No visible mucus in the stool	0	2	1	0
	visible mucus stickled to the stool	1			
	Passage of mucus with frequent stool	2			
	Passage of a large amount of mucus in stool	3			
Agnimandhya	Feel good hunger and proper digestion regularly	0	2	0	0
	Feels good hunger but irregular digestion	1			
	Feels less hunger and irregular digestion	2			
	Feels very less hunger and has very less digestion	3			

BT- Before treatment, AT-After treatment(virechana), AT1-After treatment (After Basti)

Observation & Results

The follow-up was made on the 24th day & 33rd days. During the time of Deepana pachana patient was advised to take Musta churna 1tsf TID after food but the patient was unable to tolerate the medicine, she started a burning sensation in her stomach, so she was then advised to take Rice Ganji without salt for 3days. During this period patient did not develop any other complaints except a burning stomach. Then patient started feeling better gradually from the day of Snehapana. Pain in the abdomen was the first symptom and the patient felt better. Then patient started feeling hunger after virechana karma. After Basti karma mucus in stool got reduced significantly, and distension of the abdomen also reduced gradually.

The changes observed in signs and symptoms were assessed by adopting a suitable scoring method. The assessment was done before treatment and after completion of virechana karma and after completion of basti karma on the 33rd day.

DISCUSSION

Grahani dosha means the Grahnim ashrita Agni dosha can be called grahani dosha. Sushrutacharya considers pittadhara kala as grahani, which is located between amashaya and pakwashaya. Grahani is the seat of Agni and it is called since it holds or retains the food for proper digestion and assimilation. The main function of the grahani is to hold the apakwa anna and pushes forward the pakwa anna, when this process is hampered or failed because of mandagni grahani roga appears(Apakwam dharatyannam pakwam srujati parshwam)². When partially digested and partially undigested food substances moves downward in

pakwashaya it produces grahanigada. Here in this stage the food substances remain in vidagdha avastha, and the patient may pass stool in excessive quantity or frequently or loose stools with thin consistency or vibadhata can occur³. As the patient shifted to Japan before 10years the food and lifestyle changed and the patient started experiencing delayed digestion of food, irregular bowels like constipated bowel or watery stool (muhur badham muhurdravam), a small bout with flatus, pain abdomen and distention of the abdomen. the patient also lost around 6kg of weight in the last 3years and became emaciated. As all the symptoms are similar to vataja grahani so can be diagnosed as vataja grahani. In patients of vataja grahani after ascertaining that ama is digested medicated ghrita in alpa matra which is processed with Deepaniya gana can be prescribed⁴. As there will be the presence of ama in the beginning directly ghrita cannot be prescribed. If there is a Presence of shula and shotha in the GI tract virechana and basti karma is advised by acharya charaka while explaining gulma chikitsa sutra hence a blended approach of gulma chikitsa sutra and agni deepana as said in Vataja Grahani was adopted. Before going for Shodhananga snehapana deepana pachana was carried out by administering Ganji for 3days and then virechana karma was carried out as there will be leena dosha i.e Ama will be in pakwashaya(leenam pakwashayastham)⁵. Samyak virechana lakshana includes srotoshodhana, and marga shodhana and it helps in correcting agni. By the term kaphanta in virechana karma can understand that the excess of kapha which was causing mandagni was eliminated. Hence to overcome the leena dosha virechana karma was administered. After samsarjana krama 8days of a gap were given and then Basti karma was performed. Basti is a multidimensional approach that was carried out here as it is mentioned that if the stimulation of agni is observed and still patient is having difficulty in passing stool in such a condition basti has to be administered. In Ahara Parinamakara bhava⁶ here in this case vayu might have been affected, vata having the Rukshadi guna in predominant hence to combat this Ruksha guna of vata snigdha guna medicine has to be preferred, and in vataja, grahani chikitsa acharya

has mentioned that the sneha should be of amla, lavana rasa yukta deepana action medicine can be chosen hence Dadimadi ghrita is a drug of choice here for Anuvasanartha. Dashamoola being tridosha shamaka and shotha hara, Yestimadhu has Madhura rasa, Madhura vipaka sheeta veerya, and having shotha hara properties which help in reliving the inflammation present in grahani hence these two kashaya was selected for Niruha basti.

CONCLUSION

Grahni and Agni have Ashraya and Ashrayi sambandha proper functioning of one depends on the proper functioning of the other too. In grahani dosha, there is vitiation of Agni which is hampering the function of grahani. Mandagni is the main cause of most of the disease and when there is suppression of Agni due to vyadhi then ghrita is best for Agni deepanartha⁷. It has been said for Grahani chikitsa that kriyam cha avasthikim shrnu i.e management as per the condition and here mainly Vata is hampered and Vayu among the Ahara Parinamakara bhava involved so to balance the Ruksha guna of vata Snigdha guna dravya or Snehana has to carried out. In the form of sneha ghrita should be given for agni deepanartha but As there will be the presence of Ama, sneha should not prescribe in the beginning. Hence for the removal of Ama dosha in the leena stage, first Virechana karma was prescribed, and then Basti karma. In gulma chikitsa sutra Acharya charaka highlighted both Virechana karma and Basti karma to reduce shula and shotha. Then as shamana sneha sukumara ghrita was prescribed. So the basic line of treatment grahani dosha will be deepana pachana and Amla lavana rasa yukta processed Sneha.

Declaration of patient consent

The author declares that they have obtained consent from the patient for the publication of clinical information blinding the identity of an individual.

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