

**AN OBSERVATIONAL STUDY TO ASSESS ROLE OF MANAS BHAVAS AND AGNI IN ETIOPATHOGENESIS OF GRAHANI ROGA W.S.R. TO IBS****¹*Dr. Richa Priyadarshini, ²Dr Avadhesh Kumar and ³Dr. Premkant Yadav**¹MD Rog Nidan Evum Vikriti Vigyan.²Associate Professor and Head, PG Department of Rog Nidan Evum Vikriti Vigyan.³Assistant Professor, Department of Kriya Sharir Government Pg Ayurveda College And Hospital, Varanasi.***Corresponding Author: Dr. Richa Priyadarshini**

MD Rog Nidan Evum Vikriti Vigyan.

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ABSTRACT

Manas Bhava and Agni are fundamental concepts in Ayurveda, an ancient system of medicine that emphasizes the holistic well-being of an individual. When it comes to understanding the etiopathogenesis of Grahani Roga, these two elements play crucial roles in shaping the onset and progression of this gastrointestinal disorder. Grahani Roga is a term used in Ayurveda to describe a range of digestive disorders, including conditions like irritable bowel syndrome (IBS) in modern medicine. In Ayurveda, the focus is not only on physical symptoms but also on the psychological and physiological aspects of heal. Ayurveda recognizes the intimate connection between the mind and the body. Manas Bhava refers to the mental and emotional factors that influence one's health. Stress, anxiety, and emotional disturbances can have a profound impact on the digestive system. In the context of Grahani Roga, prolonged stress or emotional turmoil can disrupt the balance of the body's doshas (Vata, Pitta, and Kapha), particularly the Vata dosha, which plays a significant role in the functioning of the gastrointestinal tract. Imbalances in the Vata dosha can lead to symptoms associated with Grahani Roga, such as irregular bowel movements, abdominal pain, and bloating. According to Ayurveda, Agni represents the body's digestive fire, responsible for breaking down and assimilating nutrients from the food we consume. There are various types of Agni, and an imbalance in this digestive fire can contribute to the development of Grahani Roga. If Agni is weak or irregular (Mandagni), it can lead to improper digestion and the accumulation of toxins (ama) in the digestive tract. This, in turn, can cause inflammation and disrupt the normal functioning of the intestines, leading to symptoms characteristic of Grahani Roga. Understanding the interplay between Manas Bhava and Agni is essential in the etiopathogenesis of Grahani Roga. Psychological stress and disturbances can weaken Agni, making the digestive system more susceptible to dysfunction. On the other hand, a compromised Agni can also affect one's mental and emotional state, creating a cycle of imbalance that exacerbates the condition. In Ayurveda, the holistic approach to managing Grahani Roga involves restoring the balance of doshas, addressing psychological factors through stress management techniques, and enhancing Agni through dietary and lifestyle modifications. By considering both Manas Bhava and Agni, Ayurveda aims to provide comprehensive care for individuals suffering from Grahani Roga, addressing not only the physical symptoms but also the underlying emotional and psychological factors that contribute to the disorder.

KEYWORDS: Grahani Roga, IBS, Manas Bhava, Agni.**INTRODUCTION**

According to Ayurveda, the proper functioning of the digestive system is essential for maintaining good health, and imbalances in the Grahani can lead to various digestive problems and diseases.

The word Grahani springs from Dhatu "graha" which means "to catch" "to hold" or "to get". Ayurvedic texts describe Grahani as seat of Agni which helps in digestion, absorption and assimilation of aahar. Any functional or structural alteration in Grahani brings

minor to major difference in quality of digestion and absorption and it is known as Grahani Dosa. Grahani roga is characterized by symptoms such as diarrhea, constipation, abdominal pain, bloating, gas, and irregular bowel movements. These symptoms can vary in intensity and duration depending on the specific type of Grahani roga and the individual's constitution (Prakriti).

Manas Bhava is a concept deeply rooted in ancient Indian philosophy and Ayurvedic medicine. It pertains to the realm of mental health and emotional well-being. In the context of Ayurveda, Manas Bhava encompasses the

understanding of the mind, its various facets, and its impact on overall health and vitality.

According to Ayurveda, the human mind is intricately connected to the body, and imbalances in the mind can manifest as physical ailments. Manas Bhava recognizes the importance of maintaining mental harmony, balance, and clarity for the preservation of good health. It underscores the significance of emotional and psychological factors in influencing one's overall well-being.

Ayurveda recognizes that the mind and body are intricately connected, and imbalances in one can affect the other. This interconnectedness is particularly evident when considering the influence of Manas Bhava on "Agni."

Agni, in Ayurveda, is often described as the digestive fire or metabolic energy responsible for breaking down and assimilating nutrients from the food we consume. It plays a crucial role in maintaining overall health and vitality. Interestingly, Ayurveda acknowledges that the state of one's mind, emotions, and mental well-being can profoundly impact the functioning of Agni.

When an individual experiences chinta, krodha, shoka, it can disrupt the natural balance of Agni. This disruption can lead to digestive problems, such as indigestion, bloating, or irregular bowel movements and can lead to manifestation of Grahani Roga. Conversely, a calm and peaceful mind can maintain Agni's efficiency, promoting better digestion and overall health.

Understanding the relationship of Manas Bhava and Agni in Grahani Roga underscores the holistic nature of Ayurveda. It emphasizes the importance of not only physical health but also mental and emotional well-being in achieving optimal health.

AIM AND OBJECTIVE

- To study the concept of aetiopathogenesis of Grahani Roga.
- To study comparative analytical description of Grahani Roga vis-à-vis IBS.
- To study clinical feature, etiologies, types, sign and symptoms in relation to IBS.
- To assess the role of Manas bhavas and different status of Agni in etiopathogenesis of Grahani roga.

STUDY DESIGN

- Conceptual study
- Survey study
- Observation and Result
- Discussion.
- Summary and Conclusion.

1) Conceptual Study

All the available Ayurveda Samhitas with their commentaries, Vedic & Darshanika literatures, other allied and modern medical texts, medical journals, research papers etc. and subject related information available on internet are studied.

In the conceptual part, the collection, compilation and analysis of the references related to the research topic has been carried out.

2) Survey Study

MATERIAL AND METHODS

SELECTION OF PATIENTS

For the study, 100 patients were selected from the OPD and IPD of Government Ayurvedic PG College, Varanasi. Patients fulfilling the criteria for selection were enrolled into the study irrespective to their caste, religion etc.

STUDY DESIGN: Cross-Sectional study.

CRITERIA FOR DIAGNOSIS: Patients were diagnosed on the basis of Clinical features, Physical examination and laboratory investigation.

Special proforma has been prepared with details of history taking, physical signs and symptoms as mentioned in our classics. Patients have been analyzed and selected accordingly. Patients presenting with classical signs and symptoms of Grahani Roga.

INCLUSION CRITERIA

1. Patients were selected irrespective of their sex, occupation, caste etc.
2. Patient with signs and symptoms of *Grahani roga*.
3. Patient between age group 18 to 70 years were included in study.

EXCLUSION CRITERIA

- Age below 18 and above 70 years patients.
- Suffering from malignancies and chronic systemic diseases like Uncontrolled hypertension, Uncontrolled diabetes.
- Patients having any anatomical deformity in Digestive tract.
- Mentally retarded person/psychologically disabled person.
- Congenital deformity including brain & Spinal cord.
- Drug addicted person.

ASSESSMENT CRITERIA

SUBJECTIVE CRITERIA

Patients were diagnosed on the basis of Grahani Roga Lakshan as described in Ayurveda classics. 1. Muhur Baddha / Muhur Drava Mala Pravritti 2. Durgandhita mala 3. Udgara Pravritti 4. Picchila Mala 5. Vidaha.

On basis of signs and symptoms

Muhur Baddha / Muhur Drava Mala Pravritti	Passing normal consistency of stool daily.	0
	Passing of hard and loose stool (1-2times/week)	1
	Passing of hard and loose stool (3-5 times/week)	2
	Passing of hard and loose stool more than 5 times /week.	3
Durgandhita mala	Passing of stool with normal smell.	0
	Passing stool with slight foul smell.	1
	Passing stool with moderate tolerable foul smell.	2
	Passing stool with severe intolerable foul smell.	3
Udgara Pravritti	Udgara after 1hr of taking food with no taste.	0
	Udgara before 1hr of taking food with taste relieved by sweets, water and antacids.	1
	Udgara occurs daily for two to three times for ½ - 1 hrs and not relieved by sweets, water and antacids, etc	2
	Even small amount of fluid regurgitates to patient’s mouth	3
Picchila Mala	Passing of stool with no unctuousness.	0
	Passing of stool with mild unctuousness.	1
	Passing of stool with moderate unctuousness.	2
	Passing of stool with severe unctuousness.	3
Vidaha	No complain of burning sensation.	0
	Burning sensation occasionally after taking spicy food.	1
	Burning sensation every time after taking spicy food.	2
	Burning even after normal food	3

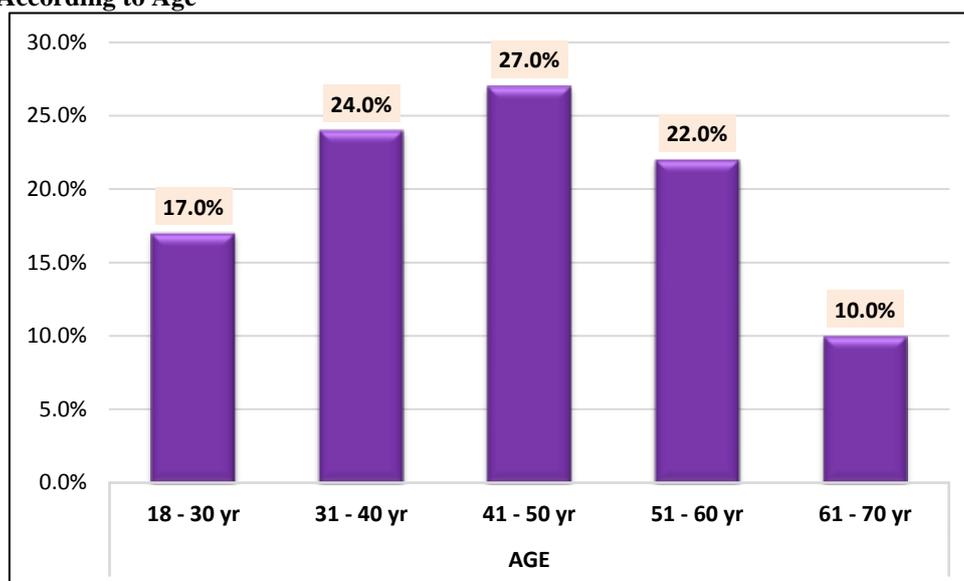
OBJECTIVE CRITERIA

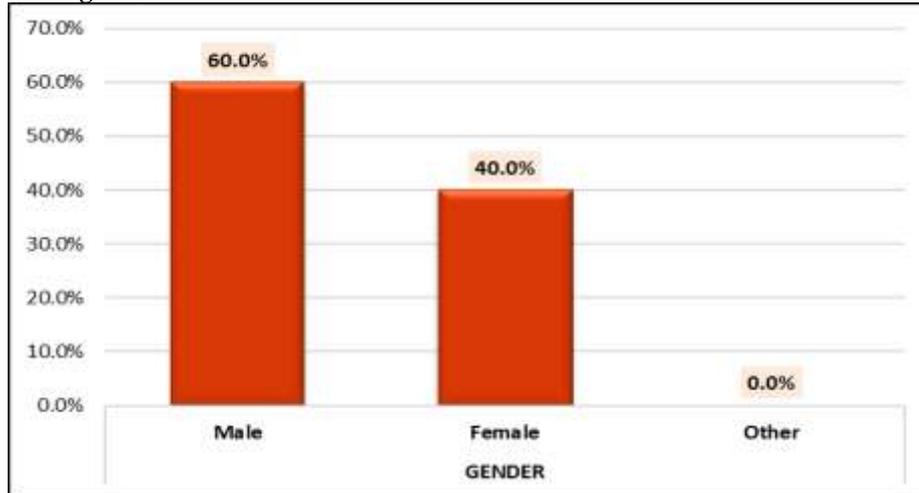
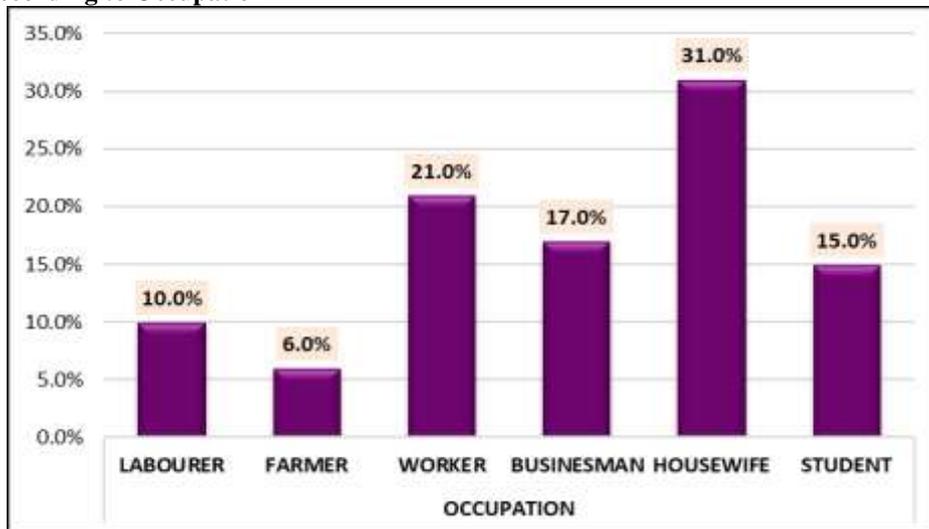
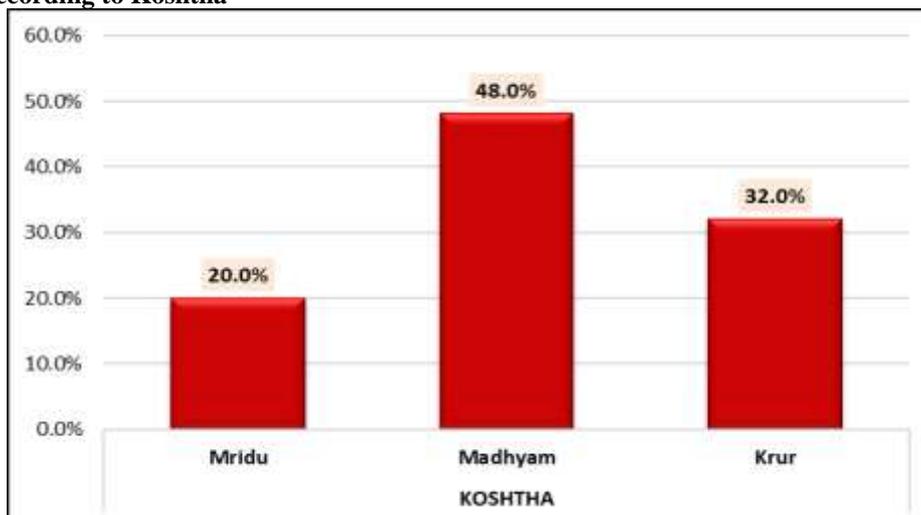
Assessment of Manas Bhavas and Agni was done on basis of questionnaire. Agni Bala was assessed on basis of Ruchi, Abhyavaran Shakti and Jaran Shakti. Among all manas bhavas negative Manas Bhavas were selected i.e. Bhaya, Krodha, Shoka, Dwesha, Vishada and Chinta. For assessment quetionnare was prepared on how often they experience these emotions.

Along with these Anxiety, Depression and Stress were also assessed. For Anxiety, Hamilton Rating Scale for Anxiety was used while for depression, Hamilton Rating Scale for Depression was used and for stress, Perceived Stress Scale was used.

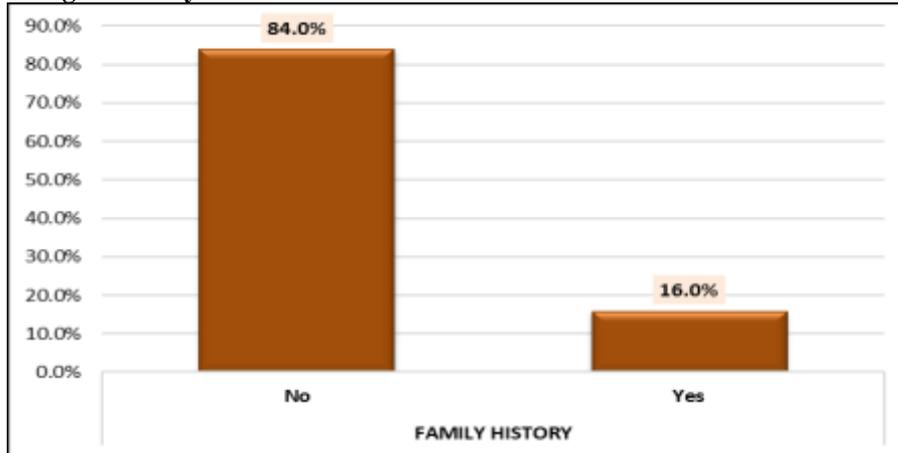
OBSERVATION AND RESULTS

Distribution According to Age

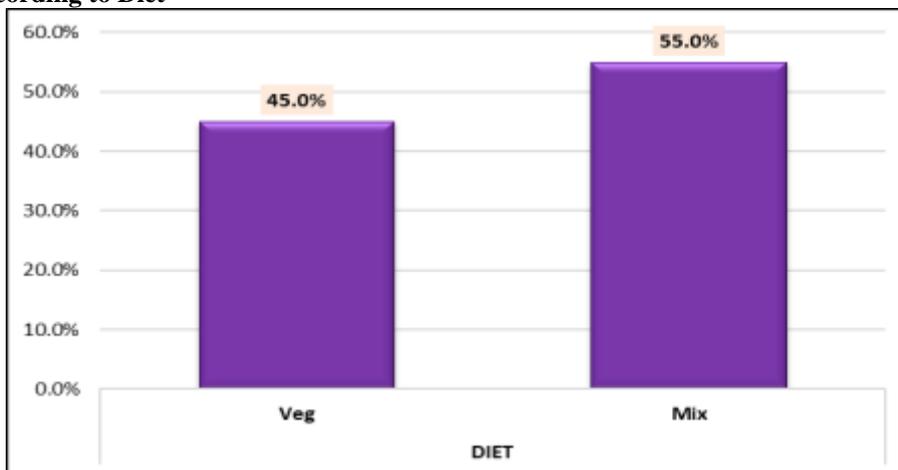


Distribution According to Gender**Distribution According to Occupation****Distribution According to Koshtha**

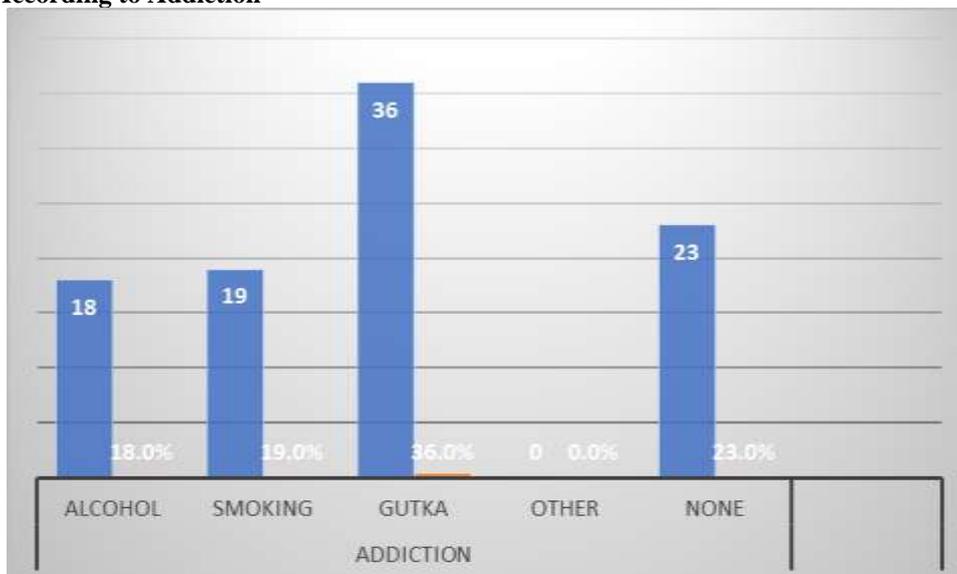
Distribution according to History of Past Illness

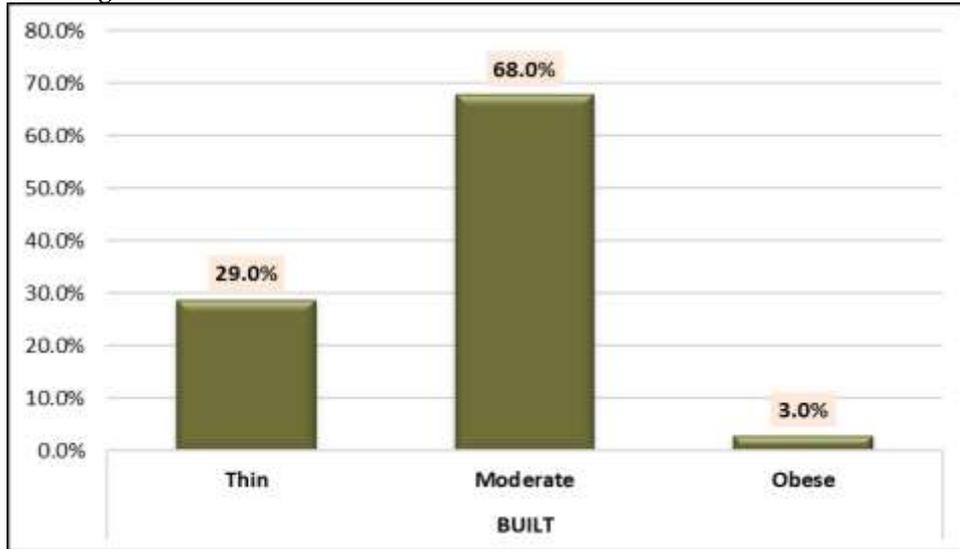
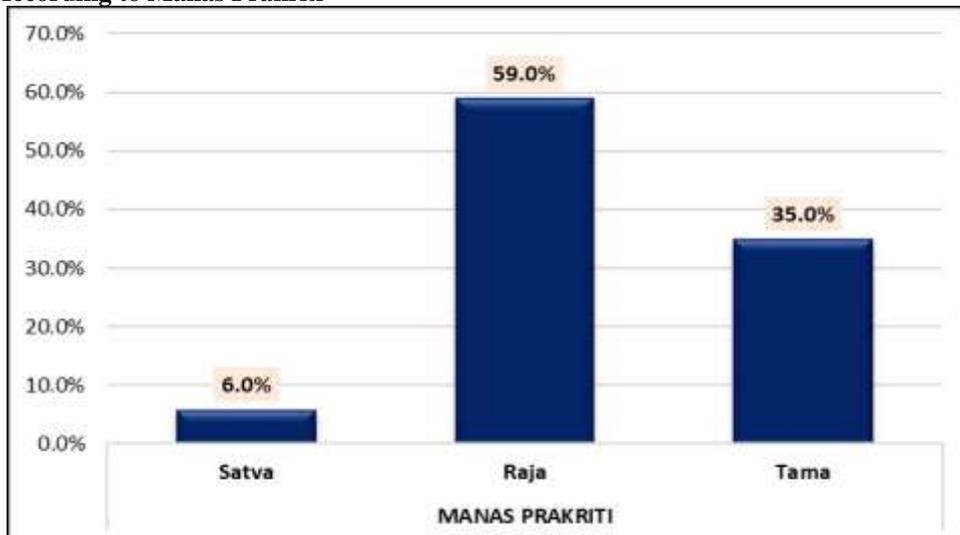
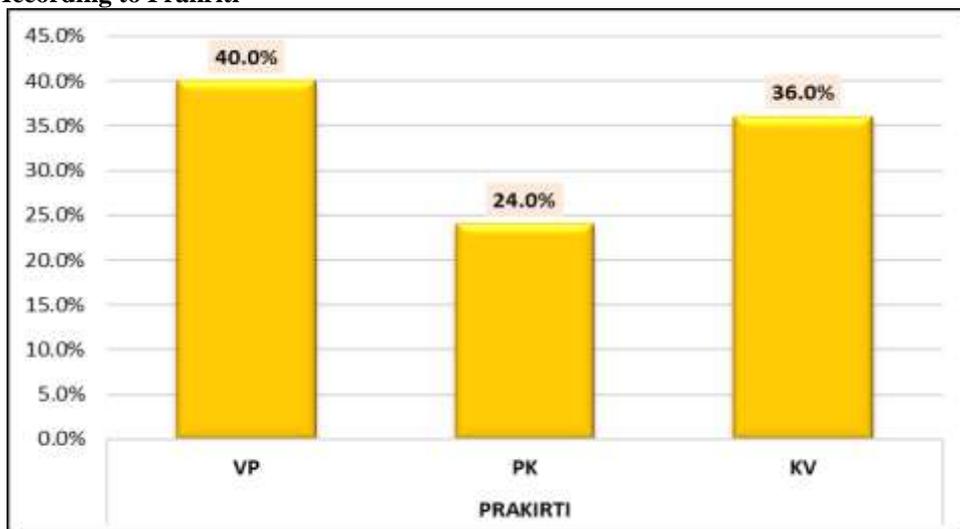


Distribution According to Diet

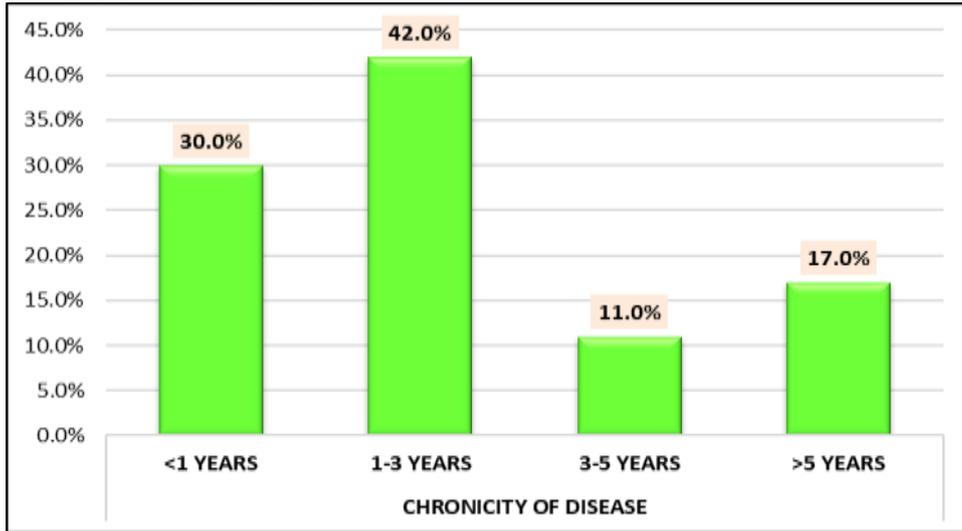


Distribution According to Addiction

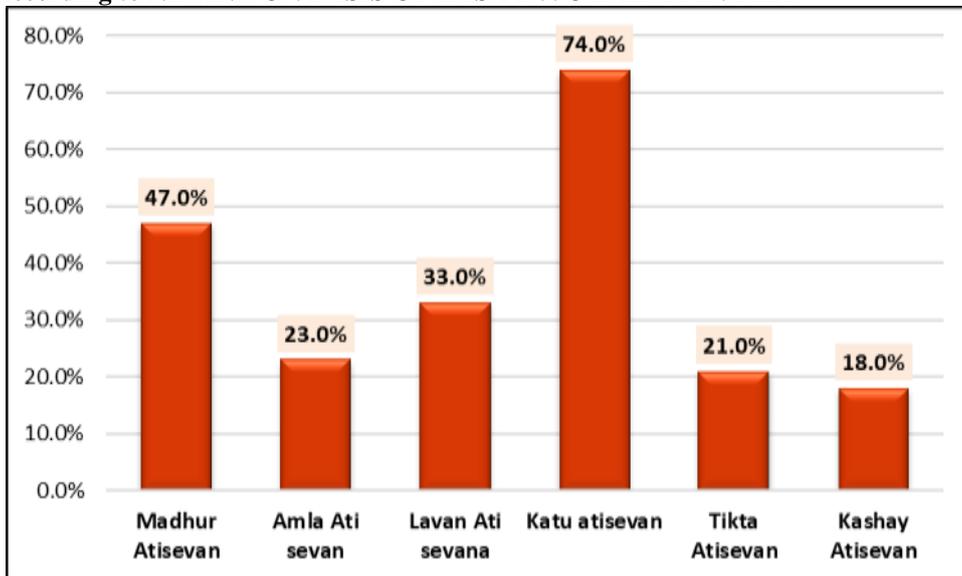


Distribution According to Built**Distribution According to Manas Prakriti****Distribution According to Prakriti**

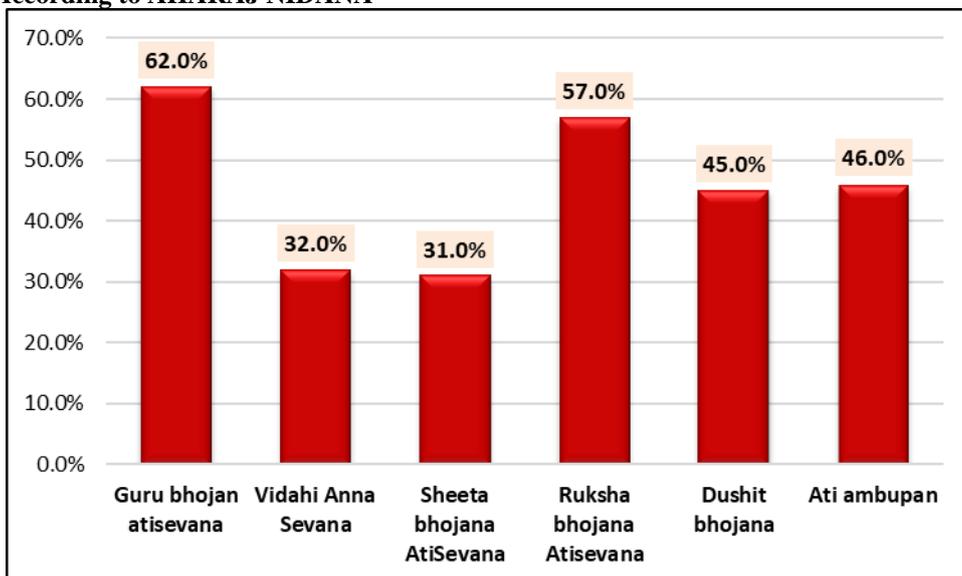
According to CHRONICITY OF DISEASE



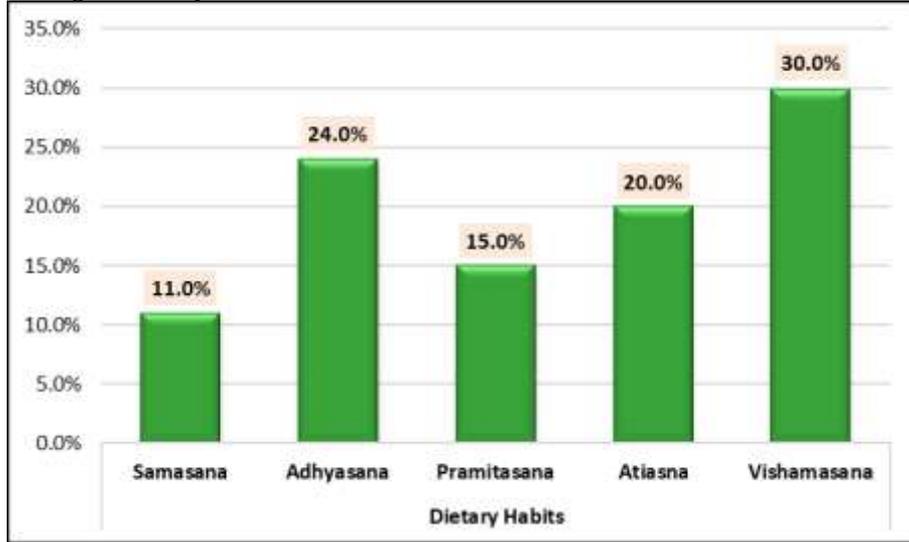
Distribution According to NIDANA ON BASIS OF RASA INVOLMENT IN DIET



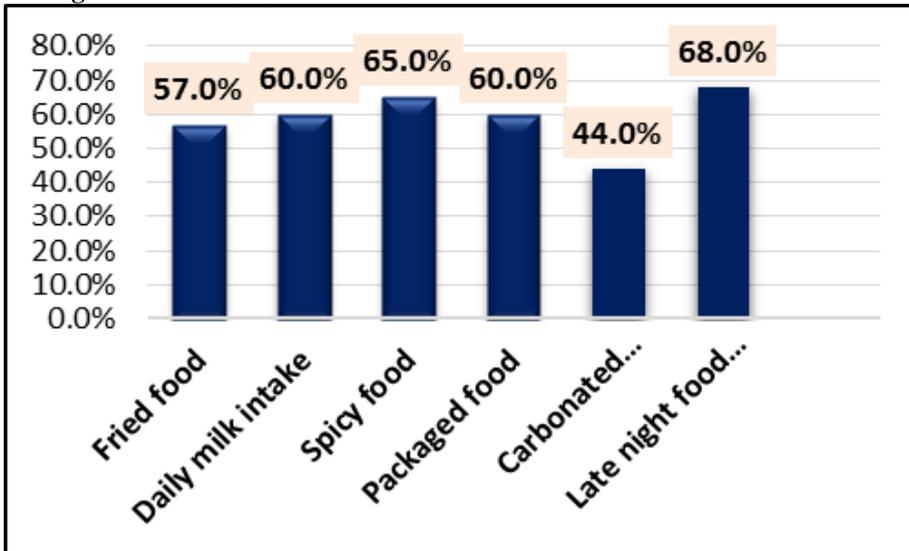
Distribution According to AHARAJ NIDANA



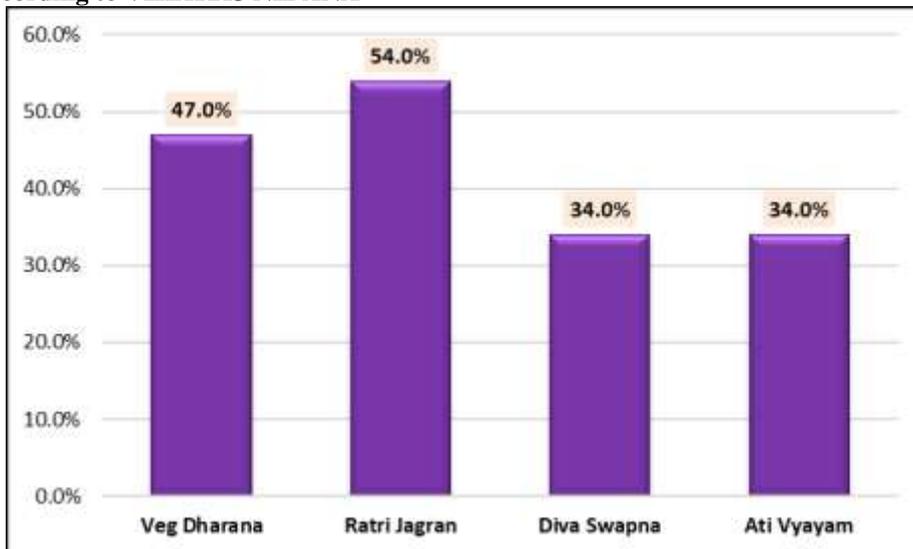
Distribution According to Dietary Habits



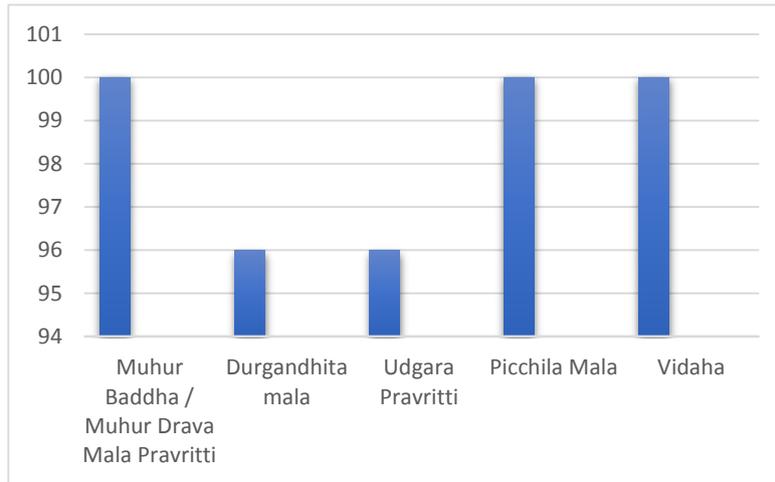
Distribution According to ETIOLOGICAL FACTORS



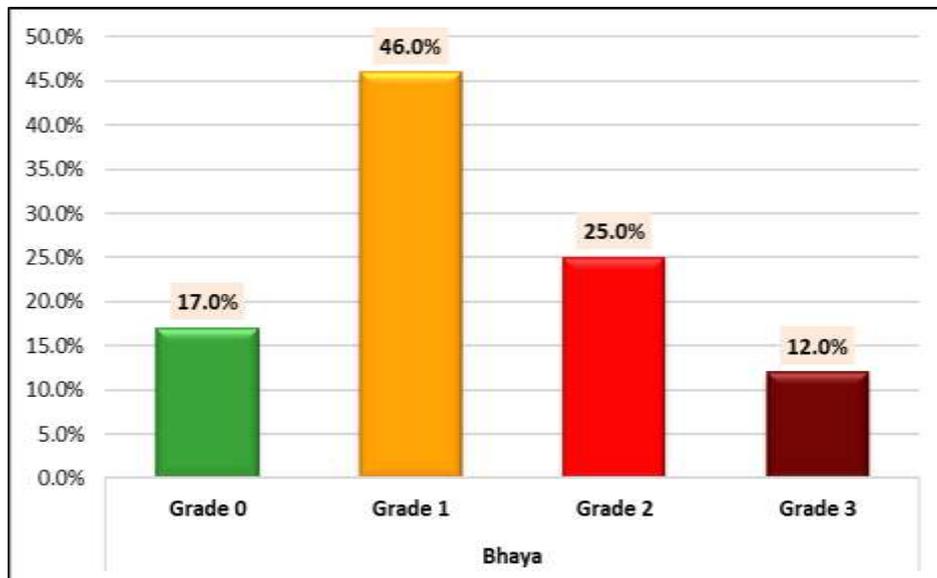
Distribution According to VIHARAJ NIDANA



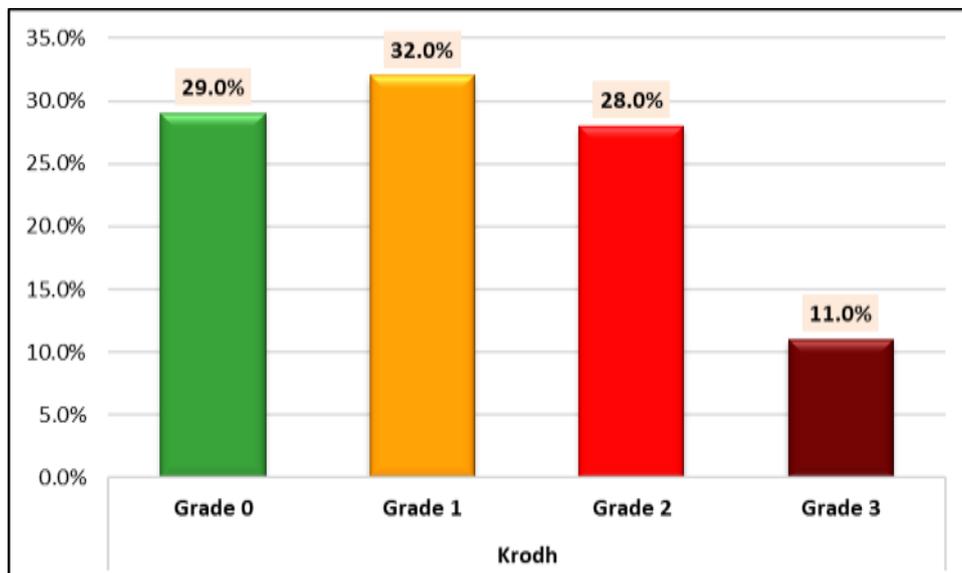
Distribution According to Symptoms

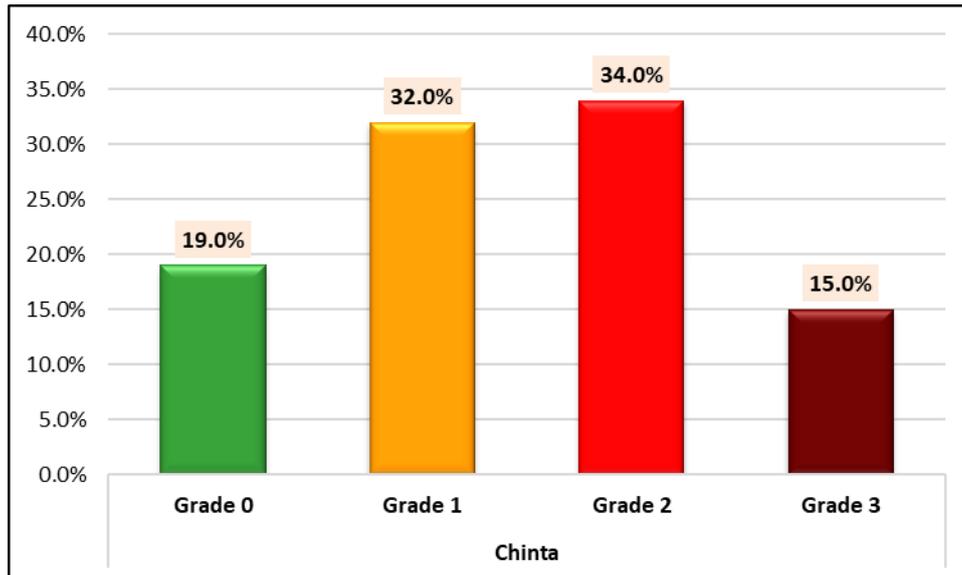
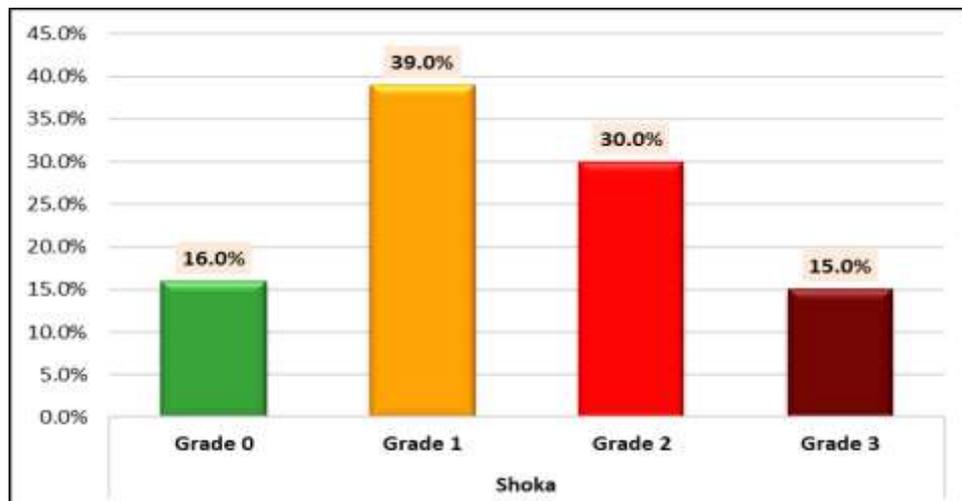
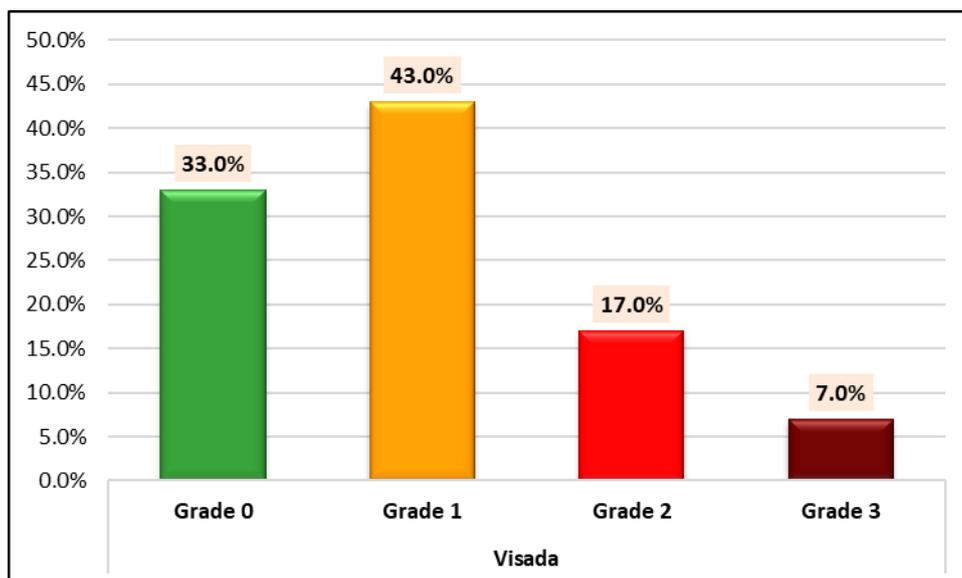


**Distribution According to Manas Bhavas
BHAYA**

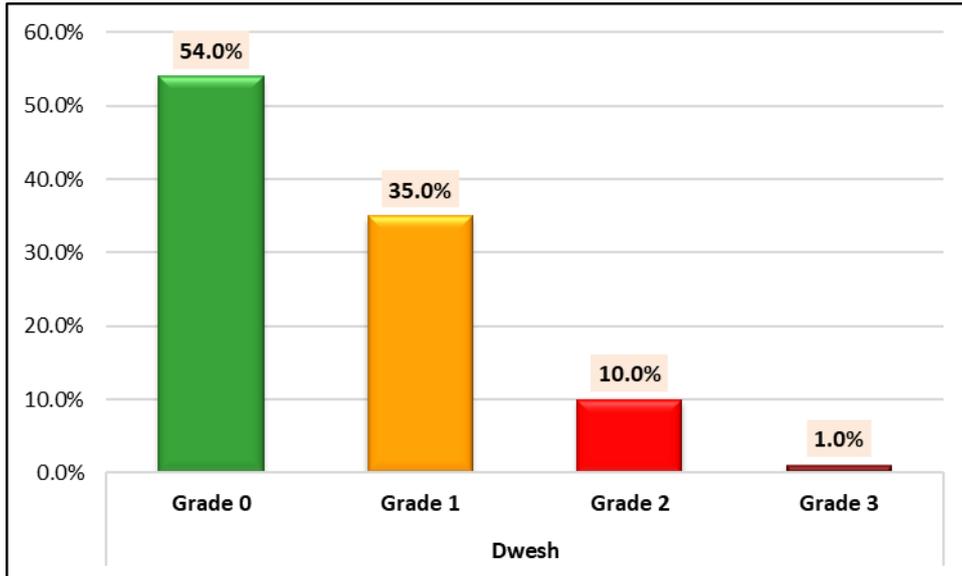


KRODH

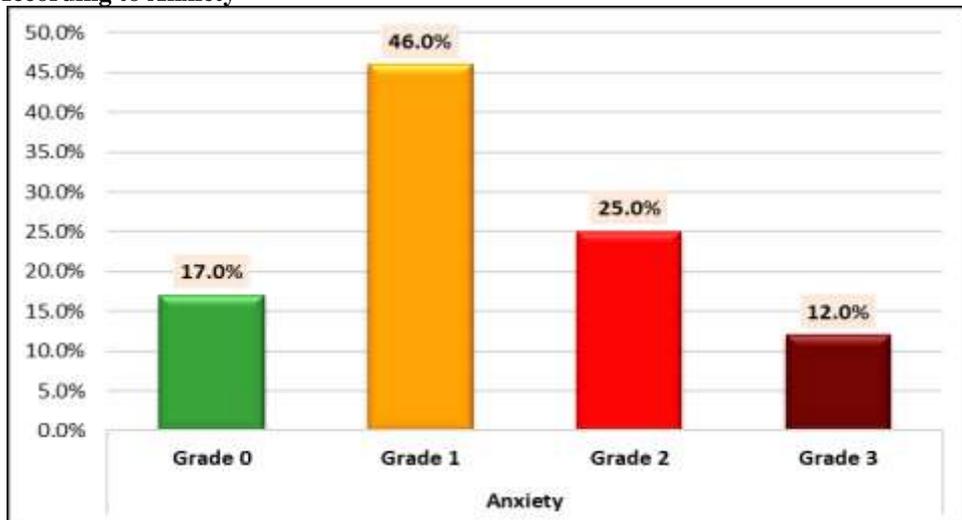


CHINTA**SHOKA****VISHADA**

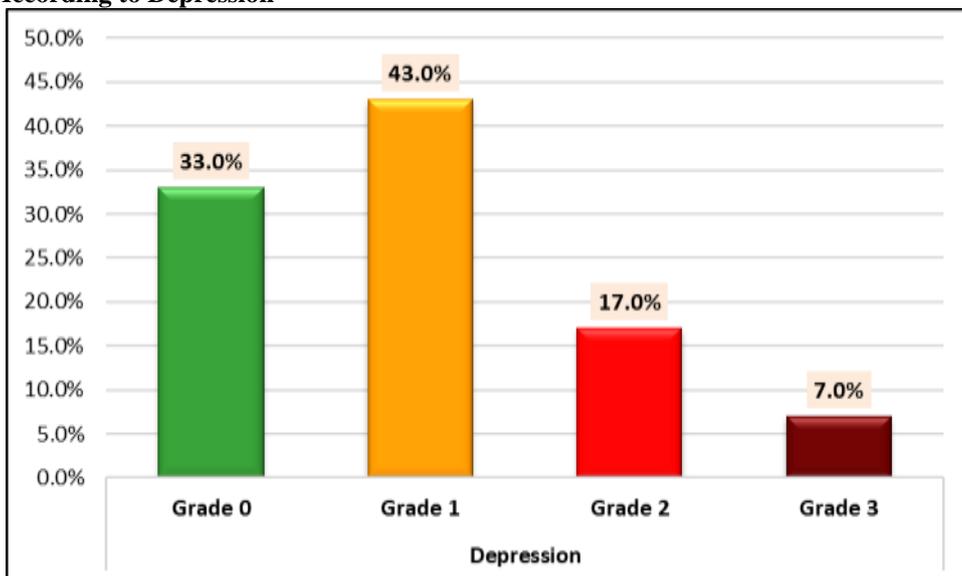
DWESHA

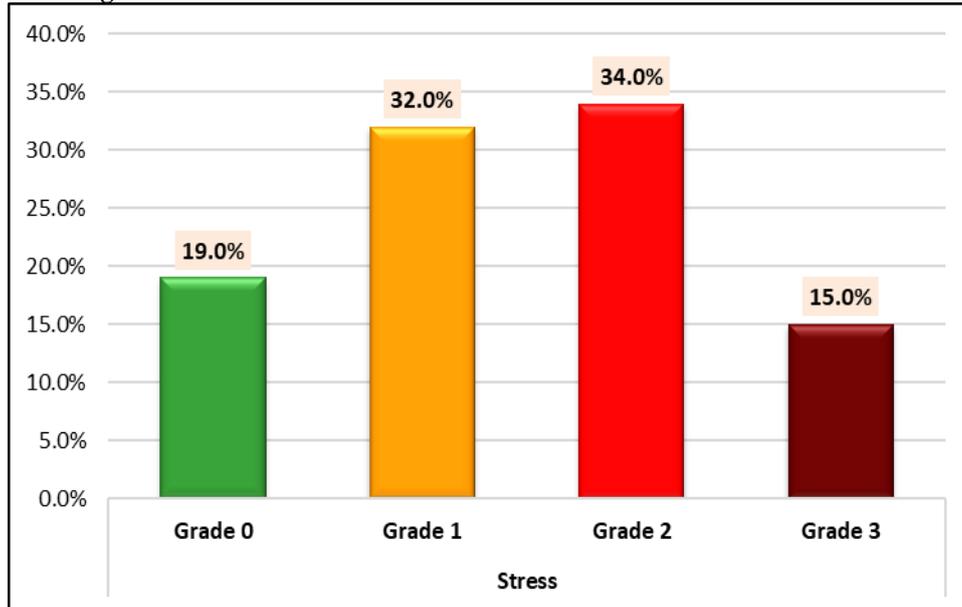
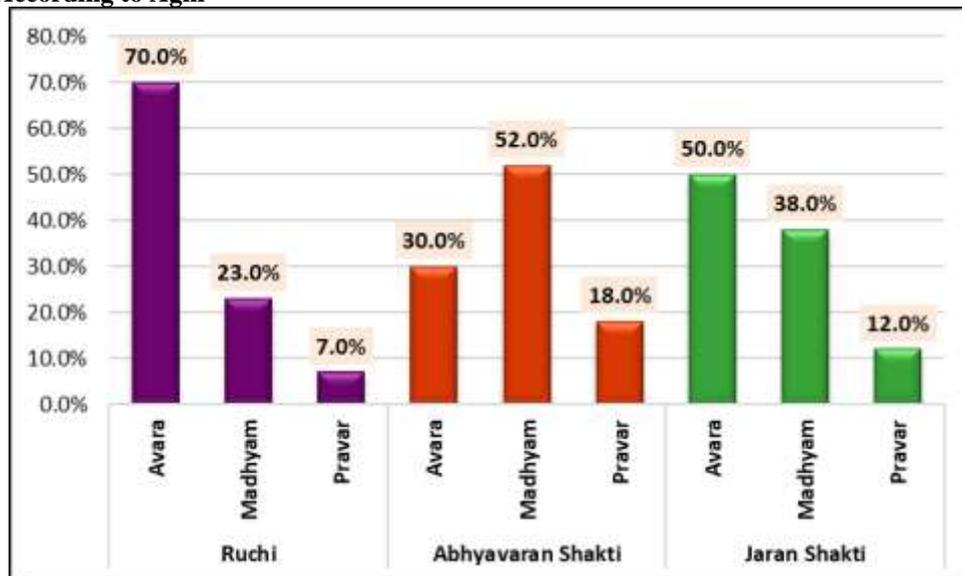


Distribution According to Anxiety

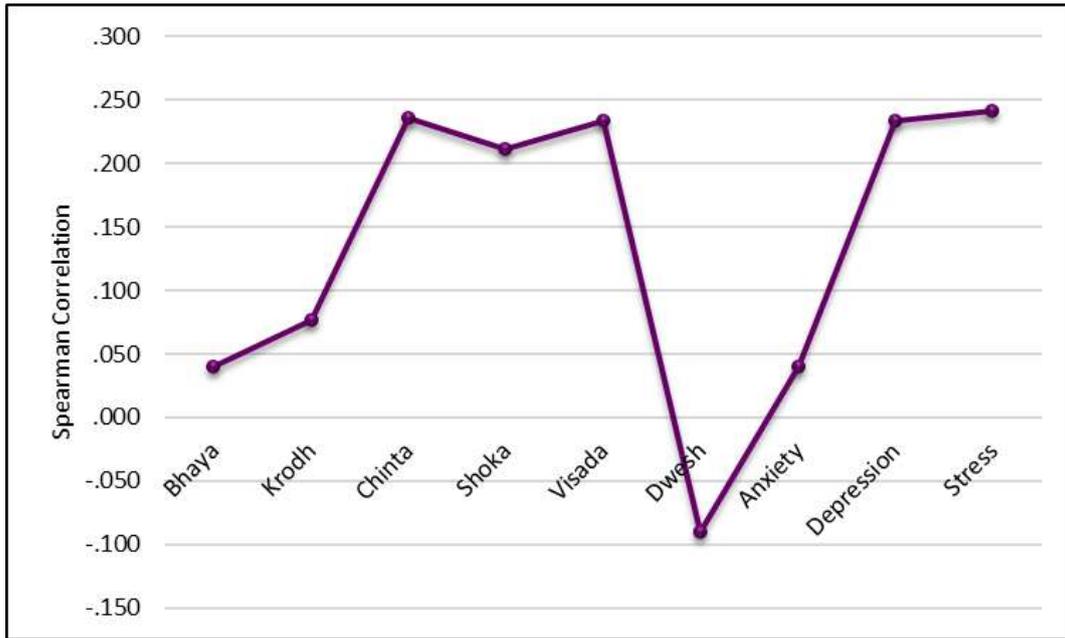


Distribution According to Depression



Distribution According to Stress**Distribution According to Agni****RESULT****Correlation of Manas Bhava Grades with Total Subjective Score of Diseases.**

Spearman Correlation	Total disease score	
	rho value	p-value
Bhaya	.039	.697
Krodh	.077	.448
Chinta	.236	.018
Shoka	.212	.034
Visada	.233	.020
Dwesh	-.091	.370
Anxiety	.039	.697
Depression	.233	.020
Stress	.241	.016



A Spearman correlation analysis was conducted to examine the relationship between the "Total disease score" and various emotional and psychological factors. The results revealed the following correlations:

Bhaya: There was a very weak positive correlation between the "Bhaya" factor and the "Total disease score," with a correlation coefficient (rho value) of 0.039. This correlation was not statistically significant (p-value = 0.697).

Krodh: Similarly, the "Krodh" factor demonstrated a weak positive correlation with the "Total disease score," with a correlation coefficient of 0.077. However, this correlation was also not statistically significant (p-value = 0.448).

Chinta: The "Chinta" factor showed a moderate positive correlation with the "Total disease score," indicated by a correlation coefficient of 0.236. This correlation was statistically significant (p-value = 0.018).

Shoka: The "Shoka" factor exhibited a moderate positive correlation with the "Total disease score," having a correlation coefficient of 0.212. This correlation was statistically significant (p-value = 0.034).

Visada: A moderate positive correlation was observed between the "Visada" factor and the "Total disease

score," with a correlation coefficient of 0.233. This correlation was statistically significant (p-value = 0.020). **Dwesh:** In contrast, the "Dwesh" factor displayed a weak negative correlation with the "Total disease score," with a correlation coefficient of -0.091. This correlation was not statistically significant (p-value = 0.370).

Anxiety: The "Anxiety" factor demonstrated a very weak positive correlation with the "Total disease score," having a correlation coefficient of 0.039. This correlation was not statistically significant (p-value = 0.697).

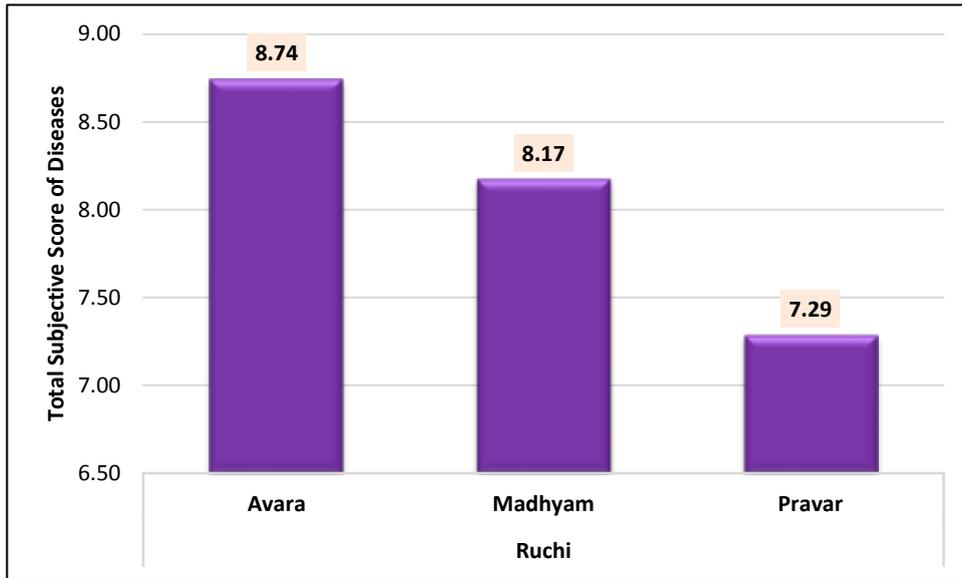
Depression: A moderate positive correlation was found between the "Depression" factor and the "Total disease score," with a correlation coefficient of 0.233. This correlation was statistically significant (p-value = 0.020).

Stress: The "Stress" factor exhibited a moderate positive correlation with the "Total disease score," indicated by a correlation coefficient of 0.241. This correlation was statistically significant (p-value = 0.016).

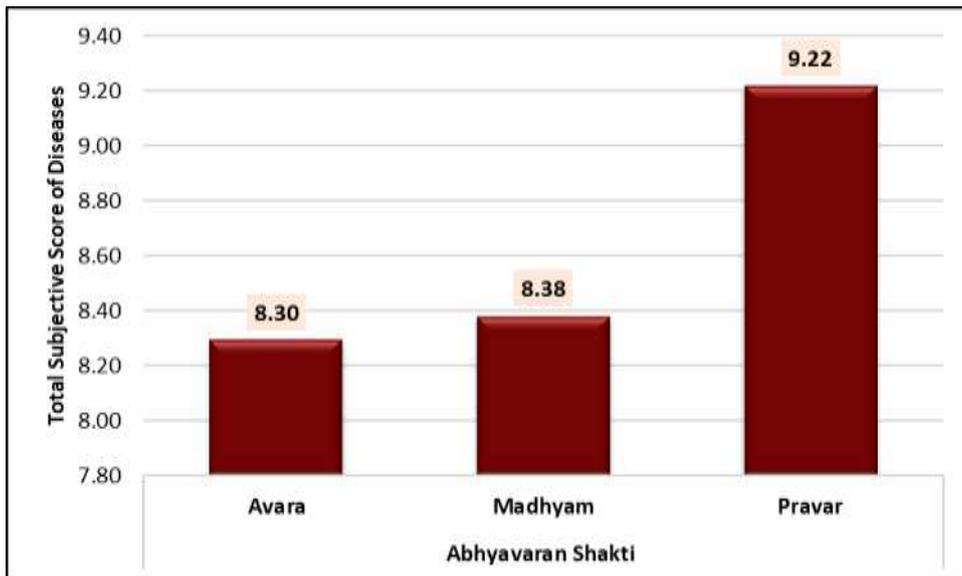
The Spearman correlation analysis provides insights into the relationships between emotional and psychological factors and the overall disease score, highlighting variables that may have a significant impact on Grahani Roga.

Association of Agni with Total Subjective Score of Diseases

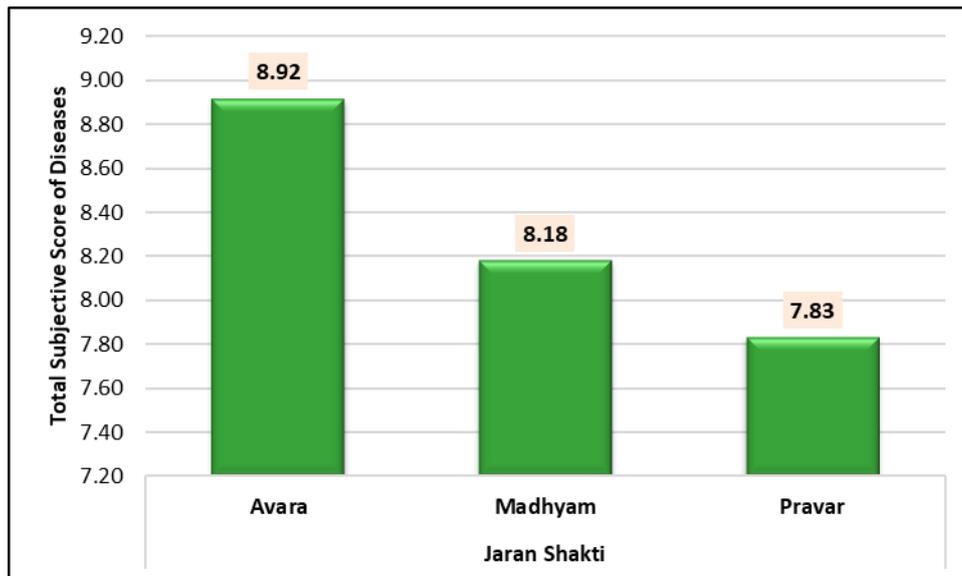
Ruchi	Total Subjective Score of Diseases		ANOVA	
	Mean	SD	F-value	p-value
Avara	8.74	1.56	3.86	0.024
Madhyam	8.17	1.11		
Pravar	7.29	1.70		



Abhyavaran Shakti	Total Subjective Score of Diseases		ANOVA	
	Mean	SD	F-value	p-value
Avara	8.30	1.39	2.51	0.086
Madhyam	8.38	1.42		
Pravara	9.22	1.86		



Jaran Shakti	Total Subjective Score of Diseases		ANOVA	
	Mean	SD	F-value	p-value
Avara	8.92	1.40	4.12	0.019
Madhyam	8.18	1.63		
Pravara	7.83	1.27		



DISCUSSION

Discussion is a part of any research where all phenomenal endeavour through various concepts, observations and results are interpreted by different reasonings. Any hypothesis/principle, if to be proved, must be discussed thoroughly from all angles. After the formation of a hypothesis, it has to be tested and observed by various methods and eventually the results are obtained. All these should be well supported by proper reasoning or logic and finally concluded.

- Maximum patients i.e. 27 % in age group of 41-50 years, followed by 24 % in age group of 31-40 years, 22 % in age group of 51-60 years, 17% in age group of 18-30 years. Digestive power starts diminishing at this age. People of this age cannot focus on their health due to family responsibilities and carrier awareness, and cannot follow the correct diet and behaviour plan, which ultimately impairs digestion. In addition, due to their young age, people at this age generally ignore dietary rules. This may be why the largest number of patients in this age group was found in this particular study.
- Maximum no. i.e. 60% of patient registered were Male followed by female 40 %. Due to their irregular working hours, the living habits of *Akala Bhojana* and *Adhyashana*, food outside the hotel, hurried meals, lack of exercise, stress, nervousness, etc., are more likely to develop diseases. Among these female patients, most are housewives. Because of their responsibilities to the family, they are busy doing their homework, so they are very careless about their health. Their diet is irregular, or they also make *Adhyashana*.
- Maximum i.e. 31% of patients were housewives. Due to family responsibilities, home work, and emotional factor, housewives were afflicted by indigestion. 21% were in service sector followed by 17% who were business man. Due to sitting type of work culture, lack of exercises, they are afflicted from indigestion. 10% of patients were Labour, this

shows their stressful lifestyle & irregularity in all aspects i.e., eating, drinking, sleeping etc. 15% patients were student. Due to sitting type of work culture, tensile environment and faulty street foods habits becomes more prone to the digestive related problems.

- A maximum number of subjects i.e., 76 subjects (76%) were from Middle class, 19 subjects (19%) were from Lower class and 05 subjects (5%) were from Upper class. The patients from poor and middle class are not capable of affording much to the current costly diagnostic and medical facilities hence for their health care they either turn to government hospitals or charitable hospitals like ours. Hence such category of patients was found more.
- In this clinical study 55% subjects were consuming Mixed diet while 45% subjects were consuming Vegetarian diet. Non-vegetarian food being Gurupaki by nature leads to Agnimandya and also Suktata of Ahara. Such foods also contain much of spices and oils and thus predisposed to indigestion.
- The term addiction is used to describe people who are repeatedly forced to participate in certain specific activities. Despite the harmful consequences, users themselves believe that they have had an impact on their personal health, mental state, or social life. There may be biological and psychological factors that cause these addictions. Tobacco has always been a hidden danger in developing countries such as India. Chewing tobacco is obviously very common, and it is also common in Varanasi. This trend was also observed in this study. The largest number of patients were Tobacco chewers (36%) followed by smoking(19%) and alcohol(18%). Therefore, this can affect the Digestive fire and contribute to the manifestation of the disease. Alcohol can affect stomach acid production. This can reduce the stomach's ability to destroy bacteria that enter the stomach, which can

allow potentially harmful bacteria to enter the upper small intestine. Mucous cells in the stomach lining protect the stomach wall from being damaged from the acid and digestive enzymes. A single heavy episode of drinking can damage the mucous cells in the stomach, and induce inflammation and lesions. High alcohol content beverages (more than 15% alcohol volume) can delay stomach emptying, which can result in bacterial degradation of the food, and cause abdominal discomfort.

- Maximum i.e. 48% of patients had *Madhayam Kostha* followed by *Krura Kostha* (32%). Disturbance of *Apanavayu* and *Purishavaha Srotasa* are evident from the alterations of *Koshtha* from Normalcy.
- Maximum no. of patients had *Vata-Pittaja Prakriti* (40%) followed by *Vata-Kaphaj Prakriti* (36%) and *Pitta-Kaphaja Prakriti* (24%). Maximum patient found is having *Dwandwaj Prakriti* and it is consider as *Nindya* among all *Prakriti*.
- Maximum number of patients had *Rajas* predominant *Prakriti* (59%) the people having *Raja* dominant *prakriti* are *Chanchal* and *Jihvalolupa*, which leads to *Vishmashana* and thus responsible for causing *mandagni* which leads to *Grahani Roga*.
- In this study, 62% of patients were consuming Guru Bhojana. Excessive intake of Guru Bhojana causes formation of Ama even when person is having normal Agni which further manifest to Grahani Roga. It is followed by 57% having Ruksha Bhojana which causes Vishmagani and interferes in digestion. 46% of patients were found to be having Atiambupan which diminishes Agni leading to Mandagni and later progressing to disease. It is followed by 46% having dushit bhojana and 32% having Vidahi Anna which vitiates pitta and causes diminished Agni which further leads to formation of Ama. 31% having Sheet Bhojana Atisevana which causes mandagni by its sheet Guna and further leads to Disease. By this observation we can see that nearly all the patients had taken near about all type of Aharaja Nidana mentioned in Ayurvedic texts and leads to manifestation of Grahani Roga.
- 74% of Patients were having Katu Rasa followed by 47% having excessive Madhur rasa, followed by lavana rasa atisevana 33%. 23% were having Amla Rasa, 21% having Tikta Rasa and 18% were having Kashay Rasa. Excessive use of Katu rasa vitiates vata and results in vishmagani and leads to manifestation of disease.
- 30% of patients had vishamasana, 24% of subjects had Adhyasana, 20% subjects had Atiasana, 15% subjects had Pramitasana and 11% had samasana. Due to not following dietic rule and taking inappropriate quantity of food, proper digestion of food is hampered. Irregular eating habit may lead to disturbed colonic motility and cause GI Symptoms.
- In this study 54% subjects had Ratrijagrana followed by 47% subjects having vega dharana. This is due to

improper lifestyle and busy schedule people tend to wake till late night and suppress natural urges for long time. Due to Ratri Jgarana, vitiation of *Samana Vata* and *Agni* takes place. Wakefulness in night causes disruption in circadian rhythm and disturbance in activities of digestive enzymes which leads to indigestion. Sleep deprivation leads to secretion of hormone ghrelin, which is responsible for appetite and reduction in circulating levels of leptin which promotes satiety. Therefore, there is tendency of night-eating which leads to indigestion and further manifest Grahani Disease. *Vegavidhrana* especially of *Purisha*, *Mutra* and *Apana Vayu* aggravates *Apana Vayu* and hamper quality of *Agni* that further contribute in disease development. 34% of subjects were having *Diwa-swapna* average 1 ½ - 2 hours daily. Daytime sleep leads to vitiation of *Kapha* and hampers digestive power. It disrupts the circadian rhythm of digestive enzymes and delays gastric emptying by disrupting gastric myoelectric function. 17% of subjects were having *Ati- Vyayam*. It vitiates vata dosha leading to vishmagani and improper digestion of food and causes Grahani roga in long run.

- 68% of subjects show late night food intake habit. Body metabolism slows down at time because body prepares itself to sleep. This also slows down digestion process. Having food at this time leads to formation of Ama and accumulation of ama in body further leads to Grahani Disease. 65% subject had spicy food, 60% had packed food, 57% has Fried food and 44% had carbonated beverage. Due to busy lifestyle and less control on taste senses, people prefer quick and tasty food items over healthy meals. Excessive intake of spicy food vitiates pitta which further vitiates Agni and disturbs proper digestion. Most of Spicy food has chilli pepper which has capsaicin which affects GI motility. Fried food in large amount are hard to digest due to excess amount of fat present in them and lead to indigestion.
- Maximum i.e. 42% of patient had the problem for 1-3 years followed by less than 1year (30%), between 3 to 5 years (11%), >5year (17%). The above data mentioned, shows the chronic nature of the disease. Majority of patients were suffering from >1yr, this shows the tendency of people to approach Ayurveda when modern treatment fails. Some educated and health-conscious patients visited the hospital at the initial stage of the disease.

DISCUSSION ON RESULT

Correlation of Manas Bhava Grades with Total Subjective Score of Diseases

Among above Manas Bhavas, Chinta, Shoka, Vishada showed significant co-relation. While, Bhaya, Krodha showed weak co-relation. Dwesh in contrast showed weak negative co-relation. In same way, Depresssion and stresss exhibited positive co-relation and were

statistically significant. While, Anxiety showed weak positive co- relation.

Chinta causes vitiation of Vata. Whereas clarifying the Srotodusti Nidana for Rasavaha Srotas, Ati Chinta is one of the Nidana for Rasavaha Srotodusti. By Rasavaha sroto dusti, lakshanas like Ashraddha, Aruchi, Aasyavyrasya, Arasagnatha are delivered, by looking in to these Rasa dusti lakshanas one can interpret Agnidusti. Further, It causes Grahani Roga. Manasika bhavas like Vishada, Shoka, Bhaya etc. causes Prakopa of Vata, especially leads to the vitiation of Prana vayu. Being soaked up in Murdha (Brain), from where it executes its work, it features a coordinate relationship with the Manasika bhava. Prana Vayu is controller of all other shape of Vata physiologically. So, Prakopa of this Prana vayu leads to derangement of Vyana, Samana, Apana etc. There by vitiated Samana Vayu with the association of Rajo Guna further causes Agni Dusti. Krodha causes Vitiation of Pitta, Pitta is mindful for all Sorts of Metabolic changes within the body, Sadhaka Pitta found in Hridaya which covers the Manas from Rajo Guna. And Pachaka Pitta which is fundamental among all other Pitta nourishes the Sadhaka Pitta, When typical functions of Sadhaka Pitta gets vitiated it causes impact such as Krodha. When Pachaka Pitta gets hampered, it leads to indigestion. When these two Pitta will get hampered advance causes the Agni Dusti and Ajirna. And when person takes Hita Ahara and Mita Ahara in appropriate time and the individual gets afflicted from Manasika Bhavas like Krodha the ingested food will not experience total absorption and it may lead to Grahani Roga. Negative co-relation of Dwesh, may be due deceived response of subjects. People avoid to admit jealousy for others even when they have it. It may be subject of further researches. Anxiety showed weak positive correlation white stress and depression showed moderate positive correlation. The mind plays an important role in all types of bowel syndrome. Some of the major effects on gut physiology include.

1) altered gastrointestinal motility; 2) increased visceral awareness; 3) altered gastrointestinal secretions; 4) increased intestinal permeability; 5) Negative effect on the plexus. GI disturbances can be caused by the immune system being compromised by stress. Alterations in gastrointestinal (GI) motor function are part of the visceral response to stress. The GIT nervous system is controlled by the ENS, ANS, and CNS. ENSs regulate motility, fluid exchange, secretion, and regulate blood flow. Parasympathetic function is controlled by the vagus nerve and the sacral plexus. This promotes sphincter relaxation and the sympathetic nervous system maintains sphincter contraction. According to gut brain psychology the gut microbiota is a crucial part of gut brain and it communicates with the brain via the microbiota-gut-brain axis. Gut microbiota influences various normal mental process and mental phenomena and they are involved in the pathophysiology of numerous mental and neurological disease. Hence, these

psychological disturbance lead to disease like Grahani Roga.

Association of Agni with Disease

It highlights the potential influence of Ruchi on participants' objective perceptions of their disease status. In case of Abhyavaran Shakti the result is not statistically significant. While there is a statistically significant relationship between Jaran Shakti and disease scores. Grahani is seat of Agni. Any etiological factor either aaharaj, vihar or manasika when disturbs normal state of Agni causes vishamagni or mandagni. This causes improper digestion of food leading to Ama formation and causes manifestation of Grahani Roga. Aruchi is one of characteristics of Rasavaha Sroto Dushti along with Ashraddha, Aasyavyrasya etc. Rasavaha Sroto Dushti leads to formation of Ama which further causes manifestation of Grahani Roga. In same way, when Jaran Shakti is diminished digestion of food does not occur properly and leads to formation of Ama further manifesting to Grahani Disease.

CONCLUSION

- Grahani Roga is a disease of Annavaha srotas.
- It can be concluded that hypo-functioning of Agni otherwise termed as Mandagni is largely responsible for the formation of Ama which chief pathogenic factor of the disease.
- It is observed that symptomatology of Grahani Roga very closely resembles with the disease Irritable Bowel Syndrome.
- From this study, it is concluded that non-compliance of code of healthy diet selection and eating plays a major role in causation of disease. Hence, we can say that code and conduct of healthy eating must be followed to achieve early and better results of the disease.
- Having Negative Emotions and mental stress can lead to manifestation of disease.
- Late Night Eating Habit and having spicy, fried food is all one of the major nidana in present era for Grahani Roga.
- The observation and result from the survey study show the positive linear correlation between Grahani Roga and negative manasa bhava and association of Ruchi and Jaran Shakti with Grahani Roga.
- The relationship between negative emotions and Grahani Roga was statistically significant.
- Considering manas bhavas in treatment can contribute to wholistic approach of treatment.

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