

AYURVEDIC MANAGEMENT OF *GRAHANI* (IRRITABLE-BOWEL SYNDROME) -  
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Article Received on 22/11/2023

Article Revised on 12/12/2023

Article Accepted on 01/01/2024

## ABSTRACT

IBS consists of a group of GI symptoms particularly associated with lower bowel in absence of demonstrable organic pathology. The word *Grahani* in ayurveda relates to Agni (digestive fire) which helps metabolism and digestion of food. Ayurvedic literature describe the ingestion, digestion, absorption and assimilation of *Aahaar* by *Grahani*. Normally it retains the undigested matter and releases the digested food. Any disturbance in Agni leads to an improper digestion of food. *Grahani* is main functional part of *Mahastrotas*, also known as a *pittadhara kala*. It is one of these diseases and its importance is emphasized by being included in *ashtamahagadas*. It has significant medical importance in modern times due to its direct link to improper food habits & stressful lifestyles of present era. Ayurveda defines the disease as characterised by passage of hard or loose stool containing undigested or digested food particles. It is a functional gastrointestinal disorder characterized by a group of symptoms accompanied together that include abdominal pain and changes in the consistency of bowel movement. The cardinal features of *Grahani* explained in the classical text books of Ayurveda, have at most similarities with the clinical features of irritable bowel syndrome (IBS). So, we can correlate the *Grahani roga* with IBS. A diagnosed case of *Grahani* is discussed here. This is a case study of 28year old male patient with complaints of loss of appetite, Altered and increased frequency of bowel, he was administered Panchakarma treatments for 10 days and 2 follow up was done. Intervention period of 42 days showed complete resolution of complaints. The improvement was assessed using subjective and objective criteria. The present case shows that ayurvedic measures are helpful in treating patients of *Grahani*.

**KEYWORDS:** *Grahani*, *Pittadharakala*, *Astamahagada*, IBS.

## INTRODUCTION

*Grahani* is a disease which affects large population globally especially in developing countries due to improper food habits along with stressful lifestyle. Irritable bowel syndrome (IBS) is characterised by recurrent abdominal pain in association with abnormal defecation in the absence of a structural abnormality of the gut.<sup>[1]</sup> Prevalence In India the female to male ratio is 1:3 and common age group is 20-40 years.<sup>[2]</sup> Symptoms are vague and these include abnormal bowel habits ranging from constipation to diarrhea (often alternating irregularly), pellet like stools, increased gastrocolic reflex, vague abdominal pain. Around 20% of subjects complain of weight loss. All patients are emotionally tense and they tend to exaggerate the disability. IBS seriously reduces the quality of life of the affected individuals and is an important medical cause of reduced

work output. Investigations such as colonoscopy and tests for malabsorption need be done only in those patients with alarm symptoms.<sup>[3]</sup> The pathogenesis of *Grahani roga* revolves around *Agnidosha* associated with impaired function of digestive fire. *Grahani* being the seat of Agni (digestive fire) is situated above *nabhi*(umbilicus) region<sup>[4]</sup>, it withholds the food for certain time inside the *amashaya* (stomach) to facilitate digestion. The strength of *grahani* is from *agni* itself and strength of *agni* from *grahani*. when *agni* undergoes vitiation, *grahani* also gets vitiated and produces diseases.<sup>[5]</sup> It is most important part of *Mahasrotas* (G.I. System) and according to Acharya Sushruta *Pittadhara Kala* (gastro intestinal mucosa) situated between *Amashya* (stomach) and *Pakwashya* (large intestine) is called *Grahani*.<sup>[6]</sup> The disease in which *Grahani* or small intestine gets vitiated and there is impairment of *Agni* is

called as *Grahani Roga*.<sup>[7]</sup> It is *Tridoshatmaka* disorder of digestive system which occurs due to vitiation of *Pachakapitta*, *Saman Vayu* & *Kledaka Kapha*. Once the disease manifests, secondary factors such as *Apana vata* and *Pranavata* also have significant role in the further progression of the disease. *Grahani* is such a disorder, where in its significance is emphasized by its inclusion among *Ashtamahagadas*.<sup>[8]</sup> It occurs with the symptoms like *Muhurbaddha-Muhurdrava Malapravritti* (voids frequently hard or loose stool), *Udarshoola*, *Antrakujan*, *Arochaka*, *Klama* etc. Most of the symptoms of IBS are clinically same as that of *Grahani roga*. So, we can treat IBS patient on the line of *Grahani roga*. The line of treatment followed was both *shodhana* and *shamana*.

#### PATIENT INFORMATION

A 28year old male patient (OPD No-270032-15/12/2022) presented to SDM Ayurveda hospital Hassan with complaints of improper digestion associated with hard and loose stool alternative days, bloating of abdomen, loss of appetite, generalized weakness, discomfort of abdomen associated with gurgling sound and gradual weight loss of 12kgs in the last 6months. There is no history of melena. Patient had visited local physicians but could not get relief so approached our hospital for further management.

#### TIMELINE

Table 1: Timeline of the case.

Date	Relevant medical history
June 2022	Patient was apparently normal 6months back, gradually he developed with intermittent discomfort of abdomen associated with gurgling sound, loss of appetite, bloating of abdomen and urge to pass stool immediately after food, consistency of stool was of hard and loose stool on alterative days, the frequency of defecation increased day by day of about 4-5 times per day and patient felt generalized weakness and gradual weight loss was noticed.
November 2022	For above complaints patient had approached nearby allopathic physician and was advised oral medications for 5days (details not known).
December 2022	With no improvement in above complaints, Patient approached SDM ayurveda hospital Hassan for further management.

**Past history:** Nothing significant.

#### CLINICAL FINDINGS-ON ADMISSION

##### ➤ General examination

The general condition of the patient was fair and vital signs were found to be normal. He was Lean. On examination of patient, mild pallor was present, loss of Appetite and sleep was inadequate, altered bowel habits i.e. 4 frequencies in day & 1 frequency in night with soft and hard consistency of stool (loose motion) alternative days. No abnormality detected in CVS, CNS and RS. On P/A examination Tenderness at right hypochondrium and epigastric region present. On examination of per rectum,

there was no H/O of mass/rectum prolapsed. Dashavidha pareeksha revealed patient is of vata pitta deha prakriti and raja pradhana manasa prakrti with avara abyavarana shakti and avara jarana shakti and patient had mridu kosta. Personal dietary history reveals that patient was doing pramitasana/vishamasana, intake of ati katuamla, guru, snigdha, sheetala ahara and indulged in mutra and kshavathu vegadharana and ratri jagarana.

#### Diagnostic Assessment

This case satisfies ROME 2 CRITERIA.<sup>[10]</sup>

**Diagnosis:** *Grahani* (irritable bowel syndrome-MIXED).

#### Therapeutic Interventions

Table 4: Timeline of Intervention.

Date	Duration	Procedure
15/12/2020-16/12/2022	6 days	Sarvanga udwartana with kolakulattadi churna followed by Dhanymla parisheka
17/12/2022	1 day	Sadyovirechana with trivrut leha-40gram with warm water
18/12/2022-24/12/2022	7 days	Sarvanga abyanga with Ksheerabala taila followed by Bashpa sweda
15/12/2022-20/12/2022 (except on 17th)	5 days	Shirodhara with brahmi taila
18/12/2022-24/12/2022	7 days	Yoga basti schedule
18/12/2022-24/12/2022	7 days	Anuvasana basti with Changeryadi ghrita-70ml
19/12/2022-21/12/2022	3 days	Niruha basti with: Madhu-80ml Saindhava-10gm Sneha- Yastimadhu taila-60ml Kalka- Dadimastaka churna-30gm Kwatha- Yastimadhu ksheerapaka-350ml (yastimadhu-100gm)

18/12	19/12	20/12	21/12	22/12	23/12	24/12
	N	N	N			
A	A	A	A	A	A	A

Table 5: Discharge Medicines.

Sl.no	Medicine	Number of times	Time of Taken
1.	Tablet.Kutaja parpati	1-1-1	After food
2.	Cap. Ashwagandha	1-0-1	After food
3.	Syp.Pranamrita	10ml -10ml-10ml	Before food

Table 2: Subjective Parameters.

1. Baddha mala	Normal once daily	0
	Alternative days	1
	Once in two days	2
	once in three days	3
	Once in four or more days	4
2. Muhur drava mala pravritti	Normal once daily	0
	Twice daily	1
	3-4 times daily	2
	5-6 times daily	3
	>6times daily	4
3. Udara shula or discomfort	No abdominal pain	0
	Occasional/rarely abdominal pain	1
	Intermittent lower abdominal pain	2
	Relieved by passage of flatus and stool	3
	Continuous pain not relieved by passage of flatus and stool	4
4. Sense of incomplete evacuation	No sense of incomplete evacuation	0
	Sense of incomplete evacuation till two motions	1
	Sense of incomplete evacuation till 3 to 4 motions	2
	Sense of incomplete evacuation till 5 to 6 motions	3
	Sense of incomplete evacuation even after 6 motions	4

Table 3: Objective Parameters.

1. Consistency	Semisolid	0
	Solid	1
	Very hard stools with pellets	2
	Watery stool	3
2. Amayukta mala (mucus in stool)	No visible mucus in stool	0
	Visible mucus stucked to stool	1
	Passage of mucus with frequent stool	2
	Passage of large amount of mucus in stool	3

Table 6: Patient Assessed Outcome.

Sl.no	BT	AT	28 <sup>th</sup> day	42 <sup>nd</sup> day
Baddha mala	2	1	0	0
Muhur drava mala pravritti	1	1	0	0
Udara shola	3	2	1	0
Sense of incomplete evacuation	2	1	0	0
Conisiteny	1	0	0	0
Amayukta mala	1	0	0	0
Weight	62kg	65kg	68kg	70kg

## DISCUSSION

*Grahani* is *Agnivikriti* disease. The Formation of *Amadosha* at various levels clogs the channel of absorption of nutrients and is the main *samprapti* responsible for disease. Therefore, the aim of treatment was to enhance *Agni*, by releasing the obstruction by

*ama* in *srotas*. The treatment was started with *Sarvanga udwartana*, which helps liquefy *kapha*, *ama*, *baddha mala* and enhances absorption and increases nutrition to all tissues. This was followed by *dhanymla parisheka* which helps transport of waste to *koshta* for easy elimination. Since *dosha* were in *utklista avastha*,

*sadyovirechana* with *trivrut leha* given since it is called as *sukha virechana*, hence was given to patient to remove *ama*, *vatanulomana* and stimulation of *agni*. *Abyanga* with *ksheerabala taila* was administered with aim of *dhatu vardhaka* and for alleviation of *vata* followed by *bashpa sweda* which helps in *srotoshuddhi*. After *virechana kosta* becomes *ruksha* to overcome this problem we gave *anuvasana basti*. *Anuvasana basti* was given with *changeryadi ghrita* since it is *agni deepana* (kindles digestion), *vedanashamak* (relieves pain) and presence of *ghrita* with its *malabhedaka* property (relieves constipation) helps in easy evacuation of stool. when *agni* was stimulated slightly but there is *mala mootra vayu* retention at this condition we gave *niruha* for 3days with *yastimadhu ksheerapaka*. As *basti* contains *ksheera* as main ingredient with properties like *Madhura rasa* and *snigdha guna* removes *vibanda* and reduces vitiated *vata*. *Dadimastaka churna* as *kalka* was used since it is *Deepana* and does *vatanuloma*. *Anulomana* of *vata* was done with *virechana* and *niruha basti*. After all this treatment we advised light diet and *shamanoushadi* like tablet *kutaja parpati* where *kutaja* being best *stambana Dravya* serves stagnation of *ap tatvas* (water), *parpati kalpana* is basically *grahanidoshaharara* and act as *agni Deepana*, *ama pachaka* and *balya*, then syrup *pranamrita* with active ingredients of *kumari*, *aravinda*, *draksha*, *jeeraka*, *musta*, *guduchi*, *bhoomyamalaki*, *ajamoda*, *bringaraja* and *trikatu* was advised which act as *deepana pachana* and capsule *ashwagandha* for promoting physical and mental well-being was advised. As ghee is best appetizer patient was advised to take ghee regularly in food. Since *agnidusti* is main cause of *grahani*, by treating *agni vikruti*, patient of *grahni* has significant results the formation of *Ama*.

## CONCLUSION

In this case study IPD treatment of 10days and opd treatment for 42 day showed good improvement with complete remission. In conclusion *grahani* can be controlled by using ayurveda treatment for long period time with proper diet. Treatment given here showed good remarkable improvement and response along with strict diet regimen gave us a hope for effective ayurvedic cure in *grahani roga*. The treatments were safe and no side effects were observed.

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