

## AYURVEDIC REVIEW OF GRAHANI W.S.R TO IBS

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Article Received on 08/02/2021

Article Revised on 28/02/2021

Article Accepted on 18/03/2021

**ABSTRACT**

Grahani springs from Dhatu "graha" which suggests "to catch" "to hold" or "to get". The word Grahani in ayurveda is related to Agni (digestive fire) which helps in the metabolism and digestion of food. Ayurvedic texts describe the ingestion, digestion, absorption and assimilation of Aahaar by Grahani. Normally it retains the undigested food and releases the digested stuff through the side of its lumen. Any disturbance in Agni leads to an improper digestion of food. Grahani roga is correlated with IBS (Irritable Intestinal Syndrome) which is characterised by a group of symptoms that can significantly undermine the quality of life of the patient. 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. Etiological factors include genetics, life time events, environment and changes in motility, visceral sensitivity, epithelial permeability, gastrointestinal flora. Prevalence of IBS in world has been estimated to be 11.2% and in India is 4.2%-7.7%. It is 3 times more common in women and people of working age.

**KEYWORD-** Grahani, Agni, Mala pariksha, IBS.**INTRODUCTION**

Ayurveda is one of the oldest holistic healing systems in the world. It is supported by the assumption that health and well-being depend upon a fragile balance between mind, body and spirit and it's only going to happen when proper diet, lifestyle is followed, but now a days improper eating habits, sedentary lifestyle leads to Agni's vitiation. Grahani is one of the major illness of

Gastrointestinal tract, included in Astha Mahagada, by Vaghatt.

**ETIOLOGY OF GRAHANI ROGA**

Samanya nidana-

- 1) Abhojana, Ajirna, Atibhojan, Vishmashan
- 2) Guru, sheeta, Atiruksha, Dushit bhojan
- 3) Virechana, Vaman, Sneha ka asamyak prayog
- 4) Desha, Kaal, Ritu vishamta
- 5) Vega dharana

**Vishishta nidana**

S.NO	Vataj Grahani	Pittaj Grahani	Kaphaj Grahani
01	Katu, Tikta, Kashaya rasa	Katu, Amla rasa yukta aahar	Guru, Atisnidha, Sheeta bhojan
02	Atiruksha, dushit bhojan	Ajeerna	Atibhojan
03	Pramitashan	Vidhai anna	Bhukta matra swapna
04	Anshan	Kshara ( Alkaline food)	
05	Veganigraha		
06	Atimaithun		

**PURVARUPA**

Trishnah

- 01) Alashaya
- 02) Bala kshaya
- 05) Kayasya gauravam

03) Anna vidaha

04) Pakascha chirata

S.NO.	Purva rupa	Charak	Sushruta	Vagbhata
01	Trishna (Thirst)	+	+	+
02	Alasyam	+	+	-
03	Balakshaya (loss of strength)	+	+	-
04	Annasyavidaha	+	+	-
05	Chirapaka(delayed digestion)	+	-	+
06	Kayasya gourvam( heaviness of the body)	+	-	+
07	Sadana(lassitude)	-	+	+
08	Klama (Exhaustion)	-	+	+
09	Aruchi (Aversion of food)	-	+	+
10	Kasa (cough)	-	+	-
11	Karnakshweda(Ringing in ear)	-	+	+
12	Antrakujanam(Rumbling sound in the intestine)	-	+	+
13	Preseka ( salivation)	-	-	+
14	Vaktravairasaya	-	-	+
15	Bhrama	-	-	+
16	Anaddhodarata	-	-	+
17	Chardi	-	-	+
18	Amlapakam	-	-	+

**RUPA****01) Vataj Grahani**

- **Specific character**-Flatulence after and during digestion.
- **Generalised symptoms**-Roughness in body,dryness of throat and mouth,hunger, thirst, blurred vision, tinnitus, Pain in chest, thigh, peivic, neck region, emaciation, weakness, Parikartika, cough, dyspnoea.
- **Abdominal symptoms**- Food digest with difficulty, Suktapaka, visuchika.
- **Character of Stool**-Passes stool with difficulty, liquid mixed with hard stool, froathy, undigested repeatedly.

**02) Pittaja Grahani**

- **Specific character**- Foetid and sour eructation
- **Generalised symptoms**- Roughness in body, dryness of throat, mouth.
- Hunger, thirst, blurred vision, tinnitus, pain in chest, thigh, pelvic, neck region, weakness, Parikartika, cough, dyspnoea
- **Character of stool**- Watery, undigested, yellowish stool.

**03) Kaphaj Grahani**

- **Specific character**-Heaviness and stiffness of abdomen
- **Generalised symptoms**- Nausea, vomiting, anorexia, wetness of mouth, cough, rhinitis, eructation having foul smell, lack of desire towards women, weakness and lassitude.
- **Character of stool**- Stool not well formed but broken into pieces, mixed with Ama and mucous and heavy.

**04) Sannipataj Grahani**- Mixed lakshan of vataj, Pittaj, Kafaj grahani.**05) Sangrahani-**

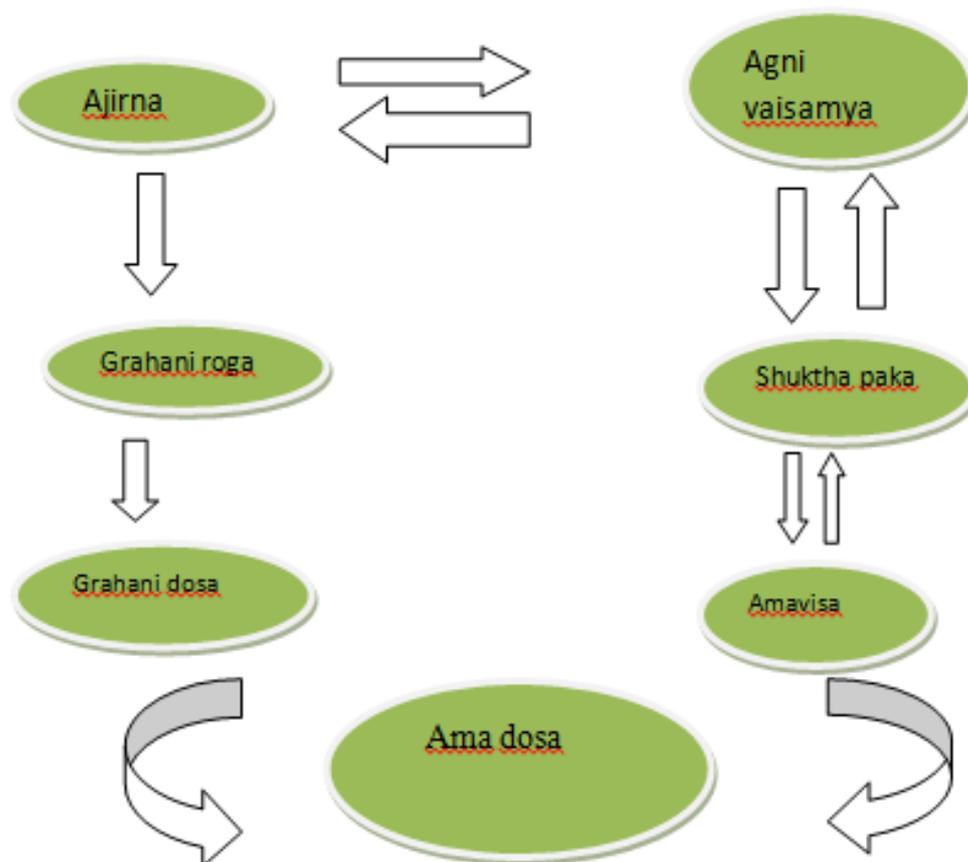
- **Specific character**-Disease aggravates during day time and pacifies in night time,disease repeats once in 15 days, 30 days, 10 days or once in a day.
- **Generalised symptoms**-Lassitude, debility, general malaise, low backache.
- **Abdominal symptoms**- Intestinal gurgling.
- **Character of stool**-Watery, cold, solid, sliminess, unctuous with Ama,froathy and passed with sound.

**06) Ghatyantra Grahani-**

- **Specific character**- Produces sound while passing stool like pouring water out of a pot.
- **Generalised symptoms**-Excessive sleep, pain in side of chest.
- **Character of Stool**-Produces sound while passing stool like pouring water out of a pot.

**07) Raj Grahani** - It is seen in people living sedientry life style.**08) Kshataj Grahani** - It is due to injury to Grahani, after relieving from Atisar and pravahika .**09) Nirmuhk Grahani** - Pain present during defaecation and stool mixed with intestinal mucous membrane is passed.

## SAMPRAPTI



## SAMPRAPTI GHATAK

**Dosha-** Tridosha

**Dushya-** Ana, Rasa

**Srotas-** Anavaha, Purishavaha

**Adhishthan-** Pittadharakala, Grahani

**Srotas dhusti prakara-** Atipravarti

**Agni-** Mandha

**Sadhya-Asadhyata-** Krachasadhyata

**Purisha Pariksha-** It is the objective method which was used to detect the presence of Ama in stool in ancient times. In saamaj purisha it sinks in water. If purisha is free from Ama it floats in water.

## IBS

It is also known as Spastic colon, irritable colon, mucous colitis, spastic colitis. It is an intestinal disorder causing pain in the stomach, diarrhoea and constipation, bloating, gas. Symptoms vary in severity and duration from person to person, the cause of IBS isn't well understood. A diagnosis is often made based on symptoms. It includes two idiopathic intestinal diseases: Crohn's disease and ulcerative colitis.

➤ **Crohn's disease or Regional enteritis-** It is an idiopathic chronic ulcerative IBD, that affects most of the ileum and colon terminals and is characterized by transmural, non-caseating granulomatous inflammation.

➤ **Ulcerative colitis-** It is an idiopathic form of acute and chronic ulceroinflammatory colitis affecting chiefly the mucosa and submucosa of the rectum and descending colon, sometimes it involves the entire length of the large bowel.

**ETIOLOGY-** The exact cause of IBS is unknown.

**1) Disturbance of GI motility-** In IBS, small intestine shows subtle differences in activity, particularly under conditions of stress and during sleep.

➤ Corticotrophin releasing hormone secreted in response to stress, increases the number of discrete cluster contractions.

➤ Increased frequency of migrating motor complex (MMC).

➤ More retrograde duodenal and jejunal contractions.

➤ Exaggerated motor response to meal ingestion.

**2) Sensory abnormalities ( visceral hyperalgesia)-** IBS patients report discomfort at lower volume of gut distension, such patients suffer from 'visceral hypersensitivity' and the cause of the problem may be neural abnormality of the primary afferent nerves to the spinal cord, or of the intrinsic nerves of the colonic wall.

**3) Post-infective /Post-inflammatory causes-** Onset of symptoms may follow an enteric infective episode (e.g.

Campylobacter), and IBS like symptoms are in patients with coexistent inflammatory bowel disease.

**4) Abnormal regulatory physiology-**Patients with IBS have been reported to exhibit exaggerated GI responses, either as intrinsic reflexes (eg. Motility response to eating or infused cholecystokinin) or to exogenously infused drugs (e.g. cholinergics) and the stress response mediator corticotrophin releasing hormone (CRH).

**5) Unbalance of neurotransmitters** (decreased serotonin levels).

**6) Diet-** Colonic fibre fermentation may be a source of perceived excess gas, and has led to suggestions of a role of abnormal colonic bacterial flora.

**7) Stress.**

#### IBS SYMPTOMS

The symptoms of IBS typically include-

- Cramping
- Abdominal pain
- Abnormal stool frequency ( less than three times per week or over three times per day)
- Feeling of incomplete evacuation.
- Bloating
- Constipation
- Diarrhoea
- Constipation & Diarrhoea both
- Weight loss
- Mucus discharge per rectum

#### Non- GI symptoms- Lehighy

- Backache and other muscle and joint pain
- Headache
- Urinary symptoms- Nocturia, Frequency and urgency of micturition.
- Dyspareunia in women
- Insomnia

Site of disorders	Common symptoms	Possible Physical signs	Laboratory studies
Ileum	Pain, Diarrhoea	Altered bowel sound, Distention	Colonoscopy
Colon	Diarrhoea, Constipation, Pain	Tenderness, Altered bowel sound, Mass distention	Sigmoidoscopy, Colonoscopy, Barium enema, Stool culture for Ova and Parasites.
Rectum/Anus	Pain, Urgency, Hematochezia, Pruritis	Tenderness, Altered sphincter tone, Perianal abnormality	Sigmoidoscopy, Anorectal manometry.
Non-specific	Weight, Fever, Anorexia, Nausea and Vomiting		Complete blood count, Erythrocyte sedimentation rate, Fecal occult blood test.

#### PATHOGENESIS

##### 1) Post-infectious IBS

- **Bacterial gastroenteritis-** Some of patient with post infectious symptoms will receive a diagnose of IBS, a chronic episodic medical condition related to abdominal pain or discomfort and altered bowel habits.
- **Infection caused by kind of pathogens** like Campylobacter species, Salmonella species, Diarrheagenic strains of E.coli, Shigella species.

**02) Genetics** - Polymorphisms of gene coding for cytokines production of interleukins 10 - Increased production of Tumor Necrosis Factor –alpha

##### 03) Disturbances in GI motility.-

- Corticotrophin releasing hormone secreted in response to stress, increases the number of discrete cluster contraction.
- Increased frequency of migrating motor complex (MMC).
- More retrograde duodenal and jejuna contractions.
- Exaggerated motor response to meal ingestion.

##### 04) Serotonin(5-HT)-

Present extensively in the GI tract is most important neurotransmitter in the pathogenesis of IBS. It is released from enterochromaffin cells affects gastrointestinal motility, enterocyte secretion and visceral secretion. Peripheral sensitization causes an area of hypersensitivity to develop in the surrounding uninjured tissue- this phenomenon is called central sensitization.

**05) Psychosocial factors-** The response to stress is mediated by corticotrophin releasing factor (CRF) secreted by the enteric neurons, enteroendocrine cells and immune cells.

CRF binds to CRF receptors present on smooth muscle cells and increase the number of discrete cluster contraction.

Emotions significantly affects colonic response in IBS.

Stressful stimuli disrupt upper GI motility in several ways.

#### DIAGNOSIS CRITERIA-

**Manning's Criteria-** Three or more features should have been present for at least 6 months;

- Pain relieved by defecation.
- Pain onset associated with more frequent stools.
- Looser stools with pain onset.

- Abdominal distension.
- Mucus in the stool.
- A feeling of incomplete evacuation after defecation.

### ROME second criteria

At least 12 weeks, which need not be consecutive, in the preceding 12 months of abdominal discomfort or pain that has two of three features.:

- Relieved with defecation and/ or
- Onset associated with a change in frequency of stool:and/or
- Onset associated with a change in appearance of stool.

### General symptoms

- Feeling of incomplete evacuation.
- Passing mucus per rectum.
- Abdominal fullness, bloating

### Supportive symptoms

- Constipation predominant; one or more of; Bowel movement less than 3 times a week. Hard or lumpy stools. Straining during a bowel movement.
- Diarrhoea predominant; one or more of; More than 3 bowel movements per day. Loose or watery stools. Urgency.

### ROME third

- Recurrent abdominal pain or discomfort
- More than 3 days per month in the last three months
- Associated with two or more of the following
- Improvement with defecation : and /or
- Onset associated with change in frequency of stool: and/or
- Onset associated with change in appearance of stool.

Criteria fulfilled for the last 3 months with symptoms onset >/ 6 months prior to diagnosis.

### COMPLICATION

- 1) Hemorrhoids
- 2) Dehydration
- 3) Impacted bowels

### B) Sapeksha Nidana

S.NO	GRAHANI	ATISAR	PRAVAHIKA
01)	Chirkari	Asukari	Asukari
02)	No pravahan	No pravahan	Pravahan
03)	No blood in stool	Blood may be found in stool	Blood is found in stool
04)	Ama mala pravrutti sometimes	Ama mala pravrutti sometimes	Ama mala pravrutti always
05)	Karshya & Balakshay	Not much Karshya & Balakshay	If Frequency increases Balakshay

### Sign &Symptoms suggesting alternative diagnosis to Irritable Bowel Syndrome-

#### Sign & Symptoms

#### Suggested diagnosis

- 1) Anaemia Cancer,IBD

- 4) Nutritional concerns related to the dietary restriction associated with IBS management.
- 5) Poorer quality of life.

### INVESTIGATION

#### AIMS AND OBJECTIVE

- 1)To understand the concept of Grahani according to Ayurveda and Modern view.
- 2)To understand Etiopathogenesis of Grahani and IBS.

#### MATERIAL AND METHODS

Literature review of Grahani is collected from Ayurvedic samhita, Journals, Articles on the google and from study of literature from Rajkiye Ayurvedic College, Varanasi library, similarly modern view of Grahani ( IBS ) from modern pathology, medicine, books.

#### OBSERVATION & RESULT

##### A) Sign & symptoms

##### According to Ayurveda

- 1) Malapravritti -Atisrishtam
  - Vibaddha
  - Dravam
- 2) Trishna (Thirst)
- 3) Arochaka (Anorexia)
- 4) Vairasyam( Bitter taste of mouth)
- 5) Prasekam(salivation)
- 6) Tamapravesh (Darkness in front of eyes)
- 7) Pada-Karasoona(Oedema on hand and feet)
- 8) Asthiparv ruka(Pain in bones and Joints)
- 9) Chardhan( vomiting)
- 10) Jwara(Fever)
- 11) Loha-amlagandhi tikta-amla udhghar.

##### According to Modern View-

- 1) Flatulence
- 2) Motion 3-4 times in the morning.
- 3) Steatorrhoea ( fatty stool)
- 4) Weakness
- 5) Pallor & Anaemia
- 6) Dryness of skin
- 7) Weight loss.

- 2) Chronic severe diarrhoea Cancer, infection, IBD
- 3) Family history of colon cancer Cancer
- 4) Hematochezia, melena, or other signs of
- 5) Intestinal bleeding. Cancer, arteriovenous malformation, Colonic polyps, IBD

- 6) Recurrent fever Infection, IBD  
7) Weight loss Cancer, IBD

### Pathya-Apathya

<b>PATHYA AHARA</b>	<b>PATHYA VIHARA</b>	<b>APATHYA AHARA</b>	<b>APATHYA VIHARA</b>
Takra, Masur, Tuvara, Mudhaga, Tila, Makshika Dadima.	Nidara, Chhardan, Langhan	Anna, Draksa, Dugdha, Gomutra, gud, Vruddha bhojana	Aatap, Ratrijagan, snana, veg dharana, nasya karma, anjana, sveda, dhumpan

### DISCUSSION

- "Rogasarveapimandagni" i.e Mandagni is the root cause of the gastrointestinal tract. Grahani roga is mainly caused due by Agni dushti. The organ Grahani and Agni have Ashraya-Ashrita type of relationship. The prime site of Agni and the site of occurrence of the disease Grahani Dosha is organ Grahani. This ensues with symptomatology like Atishruta and vibaddha mala pravritt, Jwar, Udgara, Arochaka etc. Nidana which disturb the Agni are - Aharaj -Abhojana (excessive fasting), Atibhojana (excessive food intake), Vishama bhojana (improper food), Asatmya bhojana (unwholesome food).
- Vyapada of Vamana, Virechana, Snehana. (Adverse effect of therapeutic measures).
- Vega vidharana (suppression of natural urges).
- Viruddha or incompatibility of Desha, kala, Ritu.
- Shoka, Krodha, Bhaya.

### CONCLUSION

Grahani roga is related to digestion of food and its absorption is becoming more common than the past due to our faulty food habits, which are covered under Grahani Dosha. They are treated more pronounced way with considering Ayurvedic concept of Agni and administering Deepana, Pachana drug.

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