

AN AYURVEDIC MANAGEMENT OF GRAHANI ROGA W.S.R. TO IBS A CASE STUDY

Dr. Shubham Banolta*¹, Dr. Deepanshi Nema² and Dr. Shweta Gyanendra Shukla³¹P.G. Scholar, ²P.G. Scholar, ³Assistant Professor
P.G. Department of *Kayachikitsa*, Rishikul Campus, UAU, Haridwar.

*Corresponding Author: Dr. Shubham Banolta

P.G. Scholar, P.G. Department of *Kayachikitsa*, Rishikul Campus, UAU, Haridwar.

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ABSTRACT

Sushruta has explained seven *Kala*, *Pittdhara Kala* is the sixth *Kala* which is *Sthana* of *Agni* and it is the part which is in between the *Amashaya* and *Pakvashaya* called as *Grahani*. Any kind of malformation in this part leads to *Grahani roga*. The illness known as *Grahani Roga* affects *Annavaaha Srotas* and is brought on by the production of *Ama* and *Mandagni*. *Mandagni* leads to *Ama Dosha* which may result in *Grahani Roga* over time. According to *Acharya Charak*, *Mandagni* impairs the way food is absorbed. The signs and symptoms of *Grahani Roga* are comparable to those of Irritable Bowel Syndrome as now understood in medicine. Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities.^[1] IBS is estimated to affect 11.2% of people worldwide and 4.2%–7.7% of people in India.^[2] Those who are working age and female are three times more likely to have it. Irritable bowel syndrome (IBS) is a functional disorder of the gastrointestinal tract that does not accompany a structural defect. It is characterized by normal bowel activity that is either exaggerated or distorted, often resulting in abdominal pain or discomfort, constipation and/or diarrhoea.

KEYWORDS: *Amashaya, Pakvashaya, Annavaaha Srotas, Mandagni, Ama Dosha.*

INTRODUCTION

त्रय उपस्तम्भा इति - आहारः स्वप्नो ब्रह्मचर्यमिति ॥ (च. सू. 11/35)

Ahara, Nidra, Brahmacharya as per Ayurveda are three pillars (*Trayopstambha*) of life. The principles of prevention and treatment in Ayurveda are fundamentally centred on the concepts of *pathya Ahara* and *Vihara*. *Agni* plays a crucial role in the transformation of ingested *ahara dravyas*. *Agni* epitomizes the digestive and metabolic fire within the body. It constitutes the elements found in the body's secretions that are directly accountable for the digestive and biochemical transformations occurring within. The food consumed must undergo digestion, absorption, and assimilation, processes that are essential for sustaining life, all of which are facilitated by *Agni*. In the present age, poor dietary practices, a lack of physical activity, and elevated stress levels are significant contributors to numerous health conditions. These factors disrupt the processes of digestion and nutrient absorption, resulting in *Grahani Roga*. According to Ayurveda, *Grahani* is classified as a *Tridoshatmaka* disease, arising from the imbalance of *Jatharagni, Samana Vayu, Pachaka Pitta, and Kledaka Kapha* Regarding prevalence of *Grahani Roga*, it is found that it affects 69% of population in India.^[3]

रोगाः सर्वेऽपि मन्देऽग्नौ ॥ (अ. ह. नि. 12/1)

All the diseases (most of them) are manifested due to the *Mandagni* (disturbance of *Agni*; sluggish digestion or low metabolism). A functionally weak *Agni*, referred to as *Durbala Agni*, results in inadequate digestion of consumed food, subsequently leading to the formation of *Ama Dosha*. This *Ama Dosha* is considered a fundamental cause of numerous diseases.

दुष्यत्यग्निः स दुष्टोऽन्नं न तत् पचति लघ्वपि । अपच्यमानं शुक्तत्वं यात्यन्नं विषरूपताम् ॥ (च. चि. 15/44)

Multiple factors are there which are responsible for vitiation of *Agni*. The *agni* becomes so weak that it cannot digest even light foods. The undigested food becomes sour and it works like poison.

CASE PRESENTATION

A 68 years Hindu male patient, residing at Jhansi district of Uttar Pradesh was registered at IPD & OPD with registration no. K/4885/35083 in department of *Kayachikitsa*, Rishikul campus, Haridwar on 16/10/2023. The patient had chief complaints related to *Grahani Roga Muhurbaddham muhurdravam* (alternate passing of hard & loose stools bowel habits), *Apakva malapravruti* (stool with mucus), *udaragourav*

(heaviness in abdomen), *Aruchi* (anorexia) since last 1 year and *Ajeerna* (indigestion) since last 6 months.

HISTORY OF PRESENT ILLNESS

The patient reports being asymptomatic one year ago. Over time, he began to experience symptoms such as alternating bowel habits characterized by both hard and loose stools, the presence of mucus in his stool, and a sensation of abdominal heaviness following meals, as well as at times without food. After a clinical diagnosis of Irritable Bowel Syndrome (IBS) was made four months later, the patient sought treatment at various allopathic hospitals but did not achieve significant relief. Lastly, he was admitted to this hospital for more effective management and treatment.

PAST HISTORY

The patient used antacids, stool softeners and antibiotics unevenly.

No history of Hypertension/Diabetes Mellitus/Tuberculosis.

FAMILY HISTORY

No Significant history.

GENERAL AND SYSTEMIC EXAMINATION

General Condition – Stable	Edema – Not Present
Pulse – 74 bpm	Clubbing - Absent
Blood Pressure – 98/66 mm of Hg	Pallor – Mild Present
Temperature – Afebrile	JVP – Not Raised
Clinically	Lymphadenopathy – Not Present
Respiration Rate – 16 / minute	Icterus – Not Present
Height – 6 ft. 0 inches	HJR – Negative
Weight – 45 kg	

DIAGNOSTIC CRITERIA

The diagnosis of *Grahani roga* was made based on the chief complaint, the history of the present illness, past medical history, and clinical findings and an investigation was conducted to establish a correlation with Irritable Bowel Syndrome (IBS).

His biochemical readings in the laboratory investigation are given in Table below (on admission and after 30 days of treatment).

PARAMETER	VALUE ON 16/10/2023	VALUE ON 15/10/2023
Hb%	10.5gm %	11.5gm%
TLC	3600/cumm	4000/cumm
Blood sugar random	93mg/dl	78mg/dl
ESR	20 mm for 1 st hr	10mm for 1 st hr
Serum bilirubin	0.5mg/dl	0.3 mg/dl
SGOT	47.38IU/L	31IU/L
SGPT	48.28IU/L	30IU/L
Blood urea	18mg/dl	22mg/dl
Serum creatinine	1.5mg/dl	0.8mg/dl

Stool Examination: Suggestive of

- Trophozoite – Vegetative form of Giardia +
- Pus Cells – 2 to 4 in no.
- Epithelial Cells – 4 to 6 in no.

✓ *Anuvasana Basti (A)* was given by *Mahanarayana Tail* and *Jatyadi Tail*, 30ml each.

✓ *Nirooh Basti (N)* was given by *Vatanashaka* and *Krimighana aushadha* like *Mocharasa*, *Triphala*, *Vidanga*, *Lodhra*, *kutaja*.

Amount = 480 ml

Upper Gastrointestinal Endoscopy

Suggestive of Moderate Gastritis with Antral Erosions

COLONOSCOPY

Suggestive of Erythma with Haemorrhagic spots in Rectum.

TREATMENT REGIMEN

It includes

- *Sanshodhana chikitsa*
- *Samshamana Chikitsa*

1) Sanshodhana Chikitsa

Basti Karma (Kaala Basti) was done

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Basti	A	A	A	A	N	A	N	A	N	A	N	A	N	A	A	A

2) Samshamana Chikitsa

A. अविपत्तिकार चूर्ण - 3gm

मधुर क्षार - 1 gm

शंख भस्म - 250 mg

कामदुध रस - 125mg

प्रवाल पंचामृत - 125mg

1 X 2 (खाली पेट, सुखोषण जल से)

B. ग्रहणीकपाट रस - 250 mg BD (खाना खाने के बाद)

C. कृमिकुठार रस - 250 mg BD (खाना खाने के बाद)

D. जीरकाद्यरिष्ट - 30 ml BD (खाना खाने के बाद, समान मात्रा जल मिलाकर)

RESULT

During the period, the patient did not develop any other complaint. He reported gradual improvement in altered bowel habit, stool with mucous, heaviness in abdomen, indigestion & anorexia. The progress of the patient is given in table 2. After treatment the patient got significant relief in the symptoms (alternate passing of hard & loose stools bowel habits), (stool with mucus), (heaviness in abdomen), (anorexia) since last 1 year and (indigestion) since last 6 months.

Symptoms	Before Treatment	After Treatment
1) Muhurbaddham muhurdravam	+++	---
2) Apakva malapravruti	++	---
3) Udaragourav	++	---
4) Aruchi	++	+
5) Ajeerna	+++	+

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