

SANGRAHANI: SHOWING THE DEVELOPING NATURE OF AYURVEDA**Dr. Ranjana Pandey¹ Dr. Bal Govind Tiwari²**¹Lecturer, Himalayiya Ayurvedic (PG) Medical College & Hospital, Deharadun, Uttarakhand, India²Lecturer, BKD Govt. Ayurvedic College Jhansi, Uttar Pradesh, India**ABSTRACT**

The intention of this review article is to show the progressive nature of *Ayurveda* in past era and also in this present era. There is a clear cut idea of *Sangrahani* with IBS (irritable bowel syndrome) in respect to modern medical science. *Ayurveda* is not only accepted the new drug, disease and different process of treatment but also changed the theory according to time. *Sangrahani* is only one of the diseases which were not mentioned by *Brihatrayi* but when *Madhavkar* saw a new pattern of *Grahani Gti-grahani* and *Sangrahani* he introduced them as a new disease. In present time *Sangrahani* is correlated with IBS. Some *Ayurvedic* physicians try to correlate *Sangrahani* with Sprue syndrome and some correlate IBS with *Vataj Grahani*. Weight loss is one of the most important symptoms present in sprue and *Vataj Grahani* but not present in IBS. Keeping all these factors this paper try to correlate *sangrahani* with IBS entitled the paper “*Sangrahani: Showing the Developing Nature of Ayurveda*”

Keywords: *Ayurveda, Sangrahani, IBS***INTRODUCTION**

Grahani is the main site of *Agni* which is situated in between *Pakvashaya* and *Amaashaya*. Maximum metabolic activities take place in this place. Five works has been done by *Grahani*- *Grahana*(acceptance of food) , *Dharana* (storage of food for some time), *Pachana* (digestion), *Shoshana* (absorption) and *Munchan* (forwarded to colon). Digestion and absorption is the main work of *Grahani* which is equivalent to the work of small intestine of modern science. *Charak*, *Susruta* and *Vagbhatta* described four type of *Grahani* based on *Doshas*. At the beginning of 15th century *Madhavakar* saw some new pattern of *Grahani* disease and he introduced two more type of *Grahani* i.e. *Sangrahani* and *Gatigrahani*. Such type of de-

scription shows the continuous development of *Ayurveda* in past time. One of the first references to the concept of an irritable bowel appeared in the Rocky Mountain Journal on 1950.

IBS and Sangrahani

The term IBS used to categorize patients who developed symptoms of diarrhea, abdominal pain, constipation but where no well recognized infective cause could be found. Early theories suggested that the irritable bowel caused by a psychosomatic or mental disorder.

There is a Rome-2 criterion for the diagnosis of IBS-

At least 12 week, which need not be consecutive in the preceding 12 month of abdominal discomfort or pain that, has two of fol-

lowing three features-

- 1) Relieved by defecation
- 2) Onset associated with change in stool frequency
- 3) Onset associated with change in stool form

The cardinal symptom of *Sangrahani* in *Ayurveda* is 'Pakvamva Sarujamputi Mahurbadhm Mahurdravam' and 'Malam Sangrahaya Sangrahaya Kadachit Atirechayet'. The *Sarujam* point to the pain, *Mahurbadam Mahurdravam* indicates the form of stool and *Malamsan-*

graha Sangraha Kadachit Atirechaat is the change in stool frequency.

With these cardinal symptoms some additional symptoms are explained in both *Sangrahani* and IBS. Abdominal pain, altered bowel habit, gas and flatulence are the main feature with particular character. In 25% to 50% patients complain nausea vomiting, heart burn and dyspepsia.

There is a chart shows that we can correlate the symptoms of IBS with *Sangrahani*

Symptoms of Sangrahani	Symptoms of IBS
<i>Paksham masa dashahadava nityamvapyathamunchyati</i>	Constipation is the most consistent feature in IBS
<i>Mahurbadham mahurdravam</i>	Alternate constipation and diarrhea
<i>Mala niskasana with shabda and manada vedena</i>	Stool accompanied by passage of large amount of mucus
<i>Antrakoojana</i>	Abdominal distension increase belching flatulence
<i>Divaprakopo ratri santi</i>	Nocturnal diarrhea absent in IBS
<i>Durbalata sadan alasya</i>	Fatigue
<i>Kati shoola</i>	Back pain
No symptom of <i>krishata</i>	Malnutrition is rare wt loss should not be present
No symptom of <i>jwara</i>	Fever should not be present

Nocturnal diarrhea, hematochezia, wt. loss and fever are incompatible with a diagnosis of IBS and warrant investigation for other disease

Contraindication for some correlation

Two most important correlations given by *Ayurvedic* physicians are -

- 1) *Vataj Grahani* with IBS
- 2) *Sangrahani* with spure syndrome

In *Vataj Grahani* there are symptoms wt.loss, *krishata*, fatigue, *durbalata*, severe pain in anal and *amashaya peeda*, *parikartika*, severe vomiting like *vishuchika*, cardiac pain (*hrida peeda*) and stool accompanied by passage of large amount of mucus (*ama* and *picchhila*).

These symptoms are not found in IBS and stool may accompany mucus in IBS.

Some physician correlates *Vataja Grahani* with IBS due to the presence of symptom *Manasada* (depression) or other mental disorder but modern science believe that different psychological factor like anxiety, depression etc. aggravate the IBS like symptom. If such symptom present then they add different psychological drug to cut out the etiological factor of IBS so mental symptom behave as an etiological factor not a cardinal symptom for IBS.

Another correlation of *Sangrahani* is spure syndrome. The clinical feature of spure syndrome varies in intensity and consists of diarrhea, anorexia, abdominal distension and wt

loss. Wt loss is the symptom which contraindicates to correlate it with *Sangrahani*.

DISCUSSION

This paper shows that the *Ayurveda* was a developing branch in the medical field. *Ayurveda* is a science of life and it assimilates all the necessary things which are important for treatment as well as for the maintenance of health in human being. The symptoms of IBS are parallel to the symptoms of *Sangrahani*. *Sangrahani* is the term created by *Madhavkar* in 15th century but irritable bowel term came in modern science in 20th. This is an example there are a lot of examples in which *Ayurveda* shows its knowledge ahead in comparison to current medical science. This is our responsibility to keep *Ayurveda* growing and make it good enough for general community.

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CORRESPONDING AUTHOR

Dr. Ranjana Pandey

Lecturer, Himalayiya Ayurvedic (PG)

Medical College & Hospital,

Deharadun, Uttarakhand, India

Email: dranjanapandey@gmail.com

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