

AYURVEDIC MANAGEMENT OF GRAHANI DOSHA: A CLINICAL CASE REPORT

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ABSTRACT

Grahani as an organ is considered as the seat of *Agni* which is supported and nourished by *Agni* with *aadhara aadheya sambandha*. This *agni* is vitiated by *ama* formed as a result of improper diet and regimen. Among them, *Grahani dosha* is the prime disease and seen often in day to day practice. **Methods:** A 26yr old patient complained of frequent evacuation of loose stools 5-6 times per day along with pain abdomen, vomiting, weight loss of 10 kgs for 3 months. Treatment aimed at correction of *agni* and *stambhana* under strict vigilance of diet. **Results:** After 1 month of treatment there was significant reduction in all the signs and symptoms of the disease are observed. **Conclusion:** A meticulous planning of treatment considering the *bala* and *agni* of patient accompanied with proper diet will provide encouraging results in treating *grahani dosha*.

Keywords: *Grahani dosha, Agni, Aama, Stambhana*

INTRODUCTION

Agni (Digestive fire) has an important role in the physiological functioning of body. *Agni* by the virtue of *sukshma guna* (Subtle in nature) converts *Ahara dravya* (Food particles) into *Ahara-rasa* (essence of food) and with the help of *Dhatvagni* (tissue metabolism) and *Bhutagni* (Digestive system at oral cavity & tissue level) the *poshak ansha* (Nourishing part) is made available to body which constitutes digestion, absorption and assimilation which is important for the maintenance of life.^[1] *Jatharagni* has been considered prime among all *Agni* wherein *Bala* (strength), *varna* (colour), *swasthya* (health), *utsaaha* (enthusiasm), *upacaya* (development of the body), *ojas* (strength),

tejas (valour) and even *Ayu* (life) depend on *Agni*, thus loss of *Agni* leads to loss of life.^[2]

Grahani (Small intestine) as an anatomical structure situated above *Nabhi*^[3] and the physiological importance is due to its interdependence on *Agni*. Among various causes, improper lifestyle is the prime factor leading to impairment of *agni* causing *mandagni* (weak digestive power) which is the main pathology involved in *Grahani dosha* (Small intestine disease).^[4] *Agnimandya*, *ama* (improperly processed food substance), *srotorodha* are the basic events responsible for outbreak of any disease and this vicious cycle if not treated timely, will increase the intensity of disease which explains *grahani* being

included in *ashta mahagada*. A general line of treatment is to analyze the stage of disease i.e in *amavastha* first *ama* is to be treated and rendered *nirama avastha*. In *nirama avastha* the treatment is specific to the condition.

CASE REPORT

A male patient native of Belgavi, aged 26yrs approached KLE Ayurveda Hospital, Belgavi presenting with the complaints of *apakwa mala pravrutti* (frequent passing of loose stools) around 5-6 times per day along with *UdaraShoola* (pain abdomen), *Agnimandya* (loss of appetite), *Karshya* and *balakshaya* (weight loss of 10 kgs) for 3 months.

Though the patient had reduced appetite for 8 months, symptoms were first noticed 6 months ago, when he visited Delhi for a month. He developed tendency to have loose stools, the severity gradually increased up to 3-4 times/day. Later after two months his one

week visit to Dubai increased the complaints up to 5-6 times/day and started to have an urge to defecate immediately after every meal. This was associated with reduced appetite and generalized weakness with weight loss of around 10kgs. With above said complaints patient had consulted a physician in nearby hospital where oral medications were prescribed for 15 days. But the condition relapsed after 15 days with greater intensity of pain abdomen and vomiting. The patient had no other significant past history or medical history.

Clinical Examination:

The general condition of patient was moderate with febrile appearance. Per abdomen examination revealed soft, scaphoid abdomen with tenderness grade 2 in umbilical and left lumbar region with no significant finding on percussion and auscultation.

Table 1: Vital Data of the Patient

Vital Data	BT	AT	Follow up
B. P	100/70mmhg	110/80mmhg	120/70mmhg
Pulse	68/min	70/min	70/min
Temperature	100 ⁰ F	98.6 ⁰ F	98.6 ⁰ F
Weight	41kgs	41kgs	44kgs
B.M. I	17.06kg/m ²	17.06kg/m ²	18.31 kg/m ²

INVESTGATIONS:

Hb% - 13.4gm%

WBC count – 3,700cells/cumm

ESR – 30mm/1st hr

Stool examination

Color - Yellowish

Consistency - Watery

Mucus - Absent

Bacteria - Present

Undigested food – Present

TREATMENT:

The case was diagnosed as *vataja grahani* and the course of treatment was planned as *ama*

pachana, *stambhana* followed by *vyadhi pratyanka chikitsa*.

Ama pachana was attained by *upavasa roopi langhana* with liquid diet and owing to the condition of the patient *tarpana guna yukta dravya* were also administered in the form of *kharjuradi mantha* 40ml Tid, *dadima yusha* 40ml tid and *takrapana* 100ml tid. No solid food was administered until *nirama lakshana* were attained. Later *grahi* treatment was administered with *bilagyl* 1 tsf tid along with *madiphala rasayana*-3 tsf tid and *Panchamruta parpati*-1 tid as *deepana* and

vyadhi pratyanka chikitsa. As the patient had severe complaint of loose stools, *Kutaja ghanavati* was added as a supportive treatment for three days.

RESULTS:

In the whole session of treatment there was significant reduction in pain abdomen and vomiting stopped completely. After 1 month of medications patient had well-formed stool evacuation one time/day. There was significant weight gain of 3kg within the span of 1month.

Table 2: Observations during and after the treatment

BT	During treatment		AT	Follow up
	1 st day	7 th day	15 th day	30 th day
Apakwa anna dravamala pravritti	5-6 times	Dravamala pravritti (1-2 times)	One time motion Semi solid	Well-formed stool 1time/day
Udara shoola	VAS – 6 Tenderness– Grade 2	VAS – 3 Tenderness – Grade 1	Relieved completely	Relieved completely
Chardi	Once	Stopped	Stopped	Stopped
Dourbalya	Persists tiredness even on routine work (klama)	Reduced to 40%	Reduced to 60 %	Reduced to 100% Able to do daily activities without any difficulties
Weight – karshya	41 kgs	41 kgs	41 kgs	44kgs

DISCUSSION

The symptoms like, undigested food particles with stool presented with *apakwa mala pravritti* (frequent evacuation of loose stools) around 5 – 6 times per day along with *UdaraShoola* (pain abdomen), *Agnimandya* (loss of appetite), *Aruchi* (Anorexia), vomiting, *Karshya* and *balakshaya* are explained as the features of *vataja Grahani*.

As the patient was having *mandagni* which was suggestive of *ama*, got aggravated when he visited Delhi and Dubai due to changes in food habits and place, owing to impairment in *samana vayu*. This further vitiated *agni* causing *sthana samshraya* in *pittadharakala* leading to *Grahani dosha*.

Agnimandhya being an important factor in the *Samprapti* of *Grahani Dosh*, the aim of treatment was first to enhance the potency of *Agni* thereby reducing the formation of *ama*

dosha and also result in *amapachana*. *Langhana* is main line of treatment for *ama* and among the *dashavidha langhana upavasa roopi langhana* was advised to this patient looking into his *deha bala* and the main complaints. *Laghu* and *supachya ahara* were advised in the form of *takra*, *kharjuradi mantha* and *dadima yusha*.

Laghu guna and *deepana* properties of *Takra* helped to correct the *agni* without vitiating *pitta* due to its *madhura vipaka*. Also, its *vatahara* property helped to correct the vitiated *samana vayu*. The *grahi* action of *takra* subsided *drava mala pravritti* which has been proved to restore the bacterial flora of the intestinal mucosa. Hence *takra* was major diet administered throughout the course of treatment. *Dadimadi yusha* and *kharjuradi mantha* have *deepana pachana* action along with *tarpana* action. *Yusha* and *tarpana*

preparations are advised in *samsarjana karma* and *jawara* where the main aim is to ignite the agni gradually as there is *mandagni avastha*. Hence the same principle was applied here and gradual *deepana* was attained. *Madiphala rasayana* was administered as it contains the drugs which are carminative and appetizer. Hence this was started after *langhana* to address the symptoms of *aruchi* and *chardi* which benefited the patient additionally with weight gain.

Kutaja ghana vati contains *ghana satva* of *Kutaja tvak* and has *stambhana guna* which on analysis proves to have anti dysentery activity by acting on intestinal motility. This was mainly aimed to reduce his urge of defecation after every meal. Likewise, *bilagyl* was also advised mainly targeting the *apakwa drava mala pravritti* as *bilwa* is the main content which restores intestinal mucosal lining. The process of *Parpati* preparation involves *agni samskara* due to which *Ushna guna* and *deepana* properties are derived that are responsible for increasing the appetite. *Parpati* alleviates vitiated *vayu* that causes *Atipravritti ofmalagets* converted to *samyak pravriti*.

CONCLUSION

Grahani and *Agni* are having *Adhara-Adheya Sambandha*. *Mandagni* is the root cause of *Amadosha* and it is the crucial factor for manifestation of many diseases.

In the present case patient started responding from third day of treatment with significant relief being observed on 7th day. The 15 days of treatment which was mainly fo-

cused on dietary management not only cured the condition completely but had no relapse even after starting the normal diet and activities, as revealed from the frequent follow up.

It may conclude that *Mithya Aahara Vihara* is the main cause for *Agni Dushti*, which leads to *Ama Dosha* and finally results into *Grahani Dosha*. The proactive approach need to be taken for prevention of *Grahani* with the planning of proper diet.

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