SANGRAHANI: SHOWING THE DEVELOPING NATURE OF AYURVEDA

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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 Brihattrayi 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

Grahami is the main site of Agni which is situated in between Pakvashaya and Amamashaya. Maximum metabolic activities take place in this place. Five works has been done by Grahami- Grahamani (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 Grahami which is equivalent to the work of small intestine of modern science. Charak, Susruta and Vagbhatta described four type of Grahami based on Doshas. At the beginning of 15th century Madhavakar saw some new pattern of Grahami disease and he introduced two more type of Grahami i.e. Sangrahani and Gatigrahami. Such type of description 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 Malamsa 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

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

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) Sanghahani with spure syndrome

In Vataj Grahani there are symptoms wt.loss, krishata, fatigue, durbalata, severe pain in anal and 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 sprue syndrome. The clinical feature of sprue syndrome varies in intensity and consists of diarrhea, anorexia, abdominal distension and wt
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.

**REFERENCES**


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