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
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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

<table>
<thead>
<tr>
<th>Vital Data</th>
<th>BT</th>
<th>AT</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. P</td>
<td>100/70mmHg</td>
<td>110/80mmHg</td>
<td>120/70mmHg</td>
</tr>
<tr>
<td>Pulse</td>
<td>68/min</td>
<td>70/min</td>
<td>70/min</td>
</tr>
<tr>
<td>Temperature</td>
<td>100°F</td>
<td>98.6°F</td>
<td>98.6°F</td>
</tr>
<tr>
<td>Weight</td>
<td>41kgs</td>
<td>41kgs</td>
<td>44kgs</td>
</tr>
<tr>
<td>B.M. I</td>
<td>17.06kg/m²</td>
<td>17.06kg/m²</td>
<td>18.31 kg/m²</td>
</tr>
</tbody>
</table>

INVESTIGATIONS:

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 pratyayanika chikitsa.

Ama pachana was attained by upavasa roopī langhana with liquid diet and owing to the condition of the patient tarpāna 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 madiphalas rasayana-3 tsf tid and Panchamruta parpati-1 tid as deepana and...
vyadhi pratyanika 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 1 month.

Table 2: Observations during and after the treatment

<table>
<thead>
<tr>
<th>BT</th>
<th>During treatment</th>
<th>AT</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st day</td>
<td>7th day</td>
<td>15th day</td>
</tr>
<tr>
<td>Apakwa anna dra-vamala pravritti</td>
<td>5-6 times</td>
<td>Dravamala pravritti (1-2 times)</td>
<td>One time motion Semi solid</td>
</tr>
<tr>
<td>Udara shoola</td>
<td>VAS – 6 Tenderness– Grade 2</td>
<td>VAS – 3 Tenderness – Grade 1</td>
<td>Relieved completely</td>
</tr>
<tr>
<td>Chardi</td>
<td>Once</td>
<td>Stopped</td>
<td>Stopped</td>
</tr>
<tr>
<td>Dourbalya</td>
<td>Persists tiredness even on routine work (klama)</td>
<td>Reduced to 40%</td>
<td>Reduced to 60 %</td>
</tr>
<tr>
<td>Weight – karshya</td>
<td>41 kgs</td>
<td>41 kgs</td>
<td>41 kgs</td>
</tr>
</tbody>
</table>

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 Dosha, the aim of treatment was first to enhance the potency of Agnithereby 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 pravrutti 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
preperations are advised in samsarjana karma and jwara 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. Madipha 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 defeation after every meal. Likewise, bilagyl was also advised mainly targeting the apakwa drava mala pravrutti 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 of mala pravritti.

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 focused 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 Dushhti, 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.

REFERENCES


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