

CASE REPORT

A Comprehensive Management of Grahani Roga through Ayurveda-A Case Report

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ABSTRACT

In present era, Grahani Roga is a common GI Tract disorder affecting the daily life because of its direct link with improper food habits and stressful lifestyle. Grahani is the main functional part of Mahasrotas in between amashaya & pakwashaya, also known as the 6th kala i.e. Pittadhara Kala where jatharagni resides and its main function is to hold the ahara upto the end of avasthapaka & after completion passes it into pakvasaya. Any individual if suffering from symptoms like alternate passing of hard & loose bowel habits, abdominal pain, passing of foul-smelling stool, mucus in faecal matter can be diagnosed as Grahani roga. In modern science, above symptoms can be correlated with IBS (irritable bowel syndrome). In IBS the wall of the intestine becomes sensitive to even mild stimulus which causes excess abdominal cramps & hence the bowel movement alters along with indigestion. In India, IBS affects about 15% of adult population. In this case, an effort was made to treat a 49 years old male patient having symptoms like Muhurbaddha Muhurdravam, sarujam ama-apakwa puti Malapravritti, bahusho bimunchati etc. with abhyanga, baspa swedana, and oral medications having properties like dipana, pachana, medhya etc. along with satvavajaya chikitsa was given for 40 consecutive days. At the end of 40 days of treatment patient got highly significant improvement in symptoms as well as investigation.

Keywords—Grahani roga, IBS, Satvavajaya chikitsa etc

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INTRODUCTION

Ayurveda Is the science which deals with the health and disease aspect mainly. It is mainly concentrating on the prevention of the disease rather than cure. Ayurveda explains about both shareera and manas concept, if both these are in healthy state then person is said to be swastha. The shareera and manas are interrelated to each other by its dosha. The shareera dosha vata pitta kapha and the manasika dosha raja and tama respectively [1]

Manas is the prime factor among all the indriyas. The manasika bhavas as explained in charaka vimanastana are, POSITIVE—harsha priti, dhairya, driti, medha, virya, shraddha, NEGATIVE--chinta, krodha, shoka, bhaya, raga, dvesha, moha. These can be taken into consideration to understand the state of manas. [2] Vagbhata acharya explains the dharaneya vegas as kama, krodha, lobha, moha, mada, matsarya [3], if they are not suppressed then the manas gets vitiated and causes manasika vikara. mind is having direct influence on the body vice versa, when sharirika doshas are vitiated it will affect the manasika doshas.

Grahani is the seat of Agni (digestive fire), it retains the ahara (until it gets fully digested) and then passes it into Pakwashya (intestine). [4] Grahani is one of the important parts of Mahasrotas (GI tract) and according to Acharya Sushruta 6th Pittadhara Kala situated between Amashaya and Pakwashaya is called Grahani. [5] The disease in which Grahani naadi gets vitiated by the aggravated doshas produced from the impairment of Agni is called as Grahani Roga. [6] Grahani roga is the advance stage of grahani dosa where not only vatadi doshas get vitiated, but also grahani naadi also gets vitiated. [7] Grahani roga is the disorder of digestive system due to vitiation of Pachaka pitta, Saman Vayu & Kledaka Kapha. It occurs with the lakshanas or symptoms like Muhurbaddha Muhurdravam (alternate passing of hard & loose bowel habits), sarujam ama-apakwa puti Malapravritti (painful foul smelling defaecation in form of ama-pakwa Avastha), bahusho bimunchati (defaecation in large quantity), Vairasya (tastelessness), Suktapaka (acid eructation), Trishna (excessive thirst), Daurbalya (weakness), manasa sadanam (depression) etc. [8]

Modern correlation of grahani roga can be done to Irritable Bowel Syndrome, because the clinical features of grahani roga resembles IBS, they are abdominal pain, altered bowel habits like constipation, diarrhea or both etc are mentioned in both science.

The diseases like IBS-Grahani are said to be psychosomatic rather just somatic and role of manas is aptly attributed in the manifestation of Grahani Roga has been rightly explained by our acharyas. In the Ayurvedic literature, **Satva** – the word has been used with various meanings in different contexts & much of the importance is given to *Satva* in the manifestation of Manovikaras and at the same time, to the **Satvaavajaya chikitsa** in the management of those manovikaras, as explained in the quotation-*Satvaavajayah punarahithebhyo arthebhyo mano nigrarahah*[9]

The wall of intestine exhibits rhythmic contraction called the peristaltic movements, which helps move the contents in the tract. In IBS the wall of the intestine becomes sensitive to even mild stimulus which causes excess abdominal cramps & hence the bowel movement alters. In India, IBS affects about 15% of adult population and the ratio of male and female is 3:1 which is just reverse to the ratio in the western countries.[10] It is a functional disorder of GI tract. Clinically IBS shows symptoms like altered bowel habit i.e. constipation, diarrhoea or mixed type, abdominal pain and bloating, indigestion, heart burn, feeling of incomplete defecation, passage of mucus in stool etc. In present study, the case was diagnosed as *Grahani roga* (IBS). Hence the patient was administered with *Deepana, Pachana etc.* oral medication with a course along with *satvaavajaya chikitsa* (counselling therapy) will be conducted.

MATERIAL AND METHODS

Case Presentation

A 49 years old Hindu married male patient, residing at dharwad district Hubballi city of karnataka, was registered at OPD & IPD with registration no. N-359/14284 in Ayurveda Mahavidyalaya College and Hospital. The patient had chief complaints related to Grahani roga *Muhurbaddha Muhurdravam* (alternate passing of hard & loose bowel habits), *sarujam ama-apakwa puti Malapravritti* (painful foul smelling defaecation in form of *ama-pakwa Avastha*), *bahusho bimunchati* (defaecation in large quantity), *Vairasya* (tastelessness), *Suktapaka* (acid eructation), *Trishna* (excessive thirst), *Daurbalya* (weakness), *manasa sadanam* (depression) & *anidra* (insomnia) for the last 1 year.[11]

History of Present Illness

Patient states that he was quite well 1 year back except *agnimandya*. Gradually, *patient had developed symptoms like Muhurbaddha Muhurdravam* (alternate constipation and diarrhoea), *sarujam ama-apakwa puti Malapravritti* (painful foul-smelling defaecation in form of *ama-pakwa Avastha*), *bahusho bimunchati* (defaecation in large quantity), *Vairasya* (tastelessness), *Suktapaka* (acid eructation), *Trishna* (excessive thirst), *Daurbalya* (weakness), *manasa sadanam* (depression) & *anidra* (insomnia). Patient was clinically diagnosed IBS (type M) after 2 months and took treatment from different allopathic hospitals but not found much relief. All symptoms were gradually increased and ultimately patient appeared with *Karshya* (weight loss), *Svasa* (dyspnoea), *Kasa* (cough) due to predominance of *vata*.[12] Lastly, patient had visited this hospital for ayurveda treatment.

Past History & Family History

The patient used antacids, Proton Pump Inhibitors and antibiotics unevenly. His family history revealed that there was no such complaint ever. But he used to take typical *ahara* which lead to *agnidushti nidana* like *abhojana* (fasting), *visamasana* (irregular dietary habit), *asatmya bhojana* (unwholesome diet), *vega vidharana* (suppression of natural urges) etc.[13]

General and Systemic Examination

The patient was of medium built having height 5ft 6inch & weight 62 kg. On examination of patient mild pallor was present and his vitals were within normal limit as BP 130/80 mm of Hg, pulse rate 74/min, respiratory rate 19/min, temperature normal & normal urine output. Appetite was low and sleep became significantly decreased, altered bowel habits with alternate episodes of diarrhea (4-5 times in day & night for 2-3 days) and constipation (for 1-2 days). Micturition frequency was normal. No abnormality detected in Cardiovascular system, Central nervous system and Respiratory system.

On examination of GI system, abdominal palpation shows mild diffuse tenderness in abdomen, per rectal examination shows mild grade hemorrhoid. There was no sign of organomegaly or H/O active bleeding P/R & rectal prolapse.

Investigation

Hematological report revealed that Hemoglobin- 12 g/dL, ESR 30mm/hr. TC, DC and other hematological parameters were within normal limits. Serological study revealed that FBS 90 mg/dL, PPBS 120 mg/dL, LFT & RFT were normal. Urine for R/E & M/E showed normal study. Routine examination of stool showed Pus cells 6-8/hpf, RBC 4-6/hpf & plenty vegetable cells present in the stool sample.

Diagnostic Criteria

Based on chief complaints, history of present illness, past history & clinical findings, the case was diagnosed as *Grahani roga* and with the help of investigation correlation with IBS was established

Treatment Schedule

Treatment schedule was prepared after examination the involvement of *Doshas*. The treatment was carried out in two phases. In 1st phase *proper abhyanga & swedana* and *Shamana Aushadhi along with satvavajayachikitsa (counseling therapy)* were given for 20 consecutive days (table no. 1) and in 2nd phase *shamana Aushadhi along with satvavajaya chikitsa(counseling therapy)* was continued for next 20days (table no. 2). *Ushnodaka & takra* were administered as *pathya*.

Table 1: Phase I Management Schedule in first 20 days (IPD).

Name of The Therapy/Drug	Dose	Anupana	Time/Duration
Abhyanga with Murchhita Taila	Q.S.	-	At 7am, 45 minutes
Bashpa Swedana	-	-	At 7:50am, 03 minutes
Satvavajaya chikitsa (counseling therapy)	-	-	9am for half an hour
Chitrakadi vati	500mg(2pills)	ushnodaka	Twice a day before meal (morning and night)
Kutajaghanavati	500mg(2pills)	Takra	Twice a day before meal (morning and night)
Brahmi vati	250mg(2pills)	madhu	Twice a day (morning and night)

Table 2: Phase II Management Schedule of next 20 days (OPD).

Name Of The Therapy/Drug	Dose	Anupana	Time/Duration
<i>Satvavajaya chikitsa(counseling therapy)</i>	-	-	Patient advised to visit once in 5days
<i>Chitrakadi vati</i>	500mg (2pills)	ushnodaka	Twice a day before meal (morning and night)
<i>Kutajaghanavati</i>	500mg (2pills)	Takra	Twice a day before meal (morning and night)
<i>Brahmi vati</i>	250mg (2pills)	madhu	Twice a day (morning and night)

RESULT AND DISCUSSION

On the first day of visit to OPD after getting proper history and thorough check up the patient was done to admit in IPD for twenty days along with treatment schedule (*phase I*) which was scheduled in table no.1. After twenty days patient was discharged on the request of patient party as he was feeling well after getting the therapies of Phase I. Then oral medication along with *satvavajaya chikitsa (counseling therapy)* with proper *anupana* and *pathya* had been advised to the patient and asked to follow-up for every 5 days once visit until next 20 days. After 20 days (40th day from 1st visit) he had visited at OPD and as per his statement bowel habit was corrected along with improvement of other subjective parameters. On 40th day investigations also were carried as per pre-intimation to the patient. It shows following results i.e. Hemoglobin- 12.5, ESR- 10mm/hr and routine examination of stool showed Pus cells 1-2/hpf, no RBC & very few vegetable cells present in the stool sample. The improvement of subjective parameters is attached below (table no.3):

Table 3: Improvement of Subjective criteria after treatment.[14]

Sl no.	Clinical Features	BT	AT			Improvement
			Phase I 20th day	Phase II		
				40th day	60th day	
1.	<i>Muhurbaddha Muhurdravam</i>	+++	++	++	+	Moderate
2.	<i>sarujam Malapravritti</i>	+++	++	+	-	Excellent
3.	<i>ama-apakwa Malapravritti</i>	+++	+	+	-	Excellent
4.	<i>puti Malapravritti</i>	++	++	+	-	Excellent
5.	<i>bahusho bimunchati</i>	++	++	-	-	Excellent
6.	<i>Vairasya</i>	+	+	-	-	Excellent

7.	<i>Suktapaka</i>	+++	++	+	-	Excellent
8.	<i>Trishna</i>	++	+	-	-	Excellent
9.	<i>Daurbalya</i>	++	+	-	-	Excellent
10.	<i>Manasa sadanam</i>	++	++	+	+	Excellent
11.	<i>Anidra</i>	+++	++	+	-	Excellent
12.	<i>Karshya</i>	++	++	+	-	Excellent

Grahani roga is a syndrome in which *Agni* especially *jatharagni* (the digestive power) gets vitiated after consumption of certain *nidanans* and when *Agni* becomes *dushta*, *avasthapaka* completely gets hampered & as a result *Ama* (undigested waste material) is produced. Simultaneously, *vatadi doshas* i.e. *samana vayu*, *pachaka pitta* & *kledaka kapha* and *mansika bhavas* also become vitiated. But when *nidana sevana* (*aharahaja, viharaja* and *manasika*) is not restricted at this stage, then vitiated *vatadi doshas* vitiate *grahani naadi* to produce *Grahani roga*. Due to malfunctioning *grahani naadi*, *ama* gets accumulated & it passes through the stool to form a mixture of *pakva-apakva mala*. So aim of treatment should be to enhance the potency of *Agni*, thereby reducing the formation of *Ama*.

From the clinical features, it is clear that the patient had predominance of *vata dosha*. So, *abhyanga* with *murchita taila* which has *madhura rasa*, *ushna-guru-vyavayi-vikashi guna*, *ushna virya*, *vata-kapha shamak* property was very much beneficial to him.[15] *bashpa swedana* also mitigates *vata-kapha dosha* and enhance *Agni*. Along with that, *abhyanga* followed by *swedana* is helpful to enhance *Agni* and induces *nidra*. [16]

Along with the above treatment, *satvavajaya chikitsa* was exhibited to the patient as the treatment modality says that *Satvaavajayah punarahithebhyo arthebhyo mano nigraha*. the patient was executed counselling therapy to overcome the *chinta* (depression) and the proper guidance related to *ahara vihahara* was told. As it has been said that *dhee, dhairya, atmadivignana manodosha aushadam param* [17]. The technics improving of intellectual power, filling up of courage to patient everyday, and spiritual slogans which relives mental stress was done. for example in ipd regular yoga, pranayama, meditation were thought. so patient got relief from these all activities and regained his mental strength.

The oral medications like *chitrakadi vati*, *kutaja Ghana vati* and *Brahmi vati* were prescribed as per scheduled in the Table 1. the *Chitrakadi Vati* is a popular herbal formulation used in the Ayurveda system of medicines. Most of its ingredients are *Katu* (pungent) in taste. It helps to digest undigested food and removes accumulated toxins due to the malabsorption of food particles. This further improves digestion and metabolism of the body and thus prevents various diseases [18]. It is mainly used to manage the conditions that occur due to the formation of *Ama* (toxic remains in the body due to improper digestion) like indigestion, flatulence, abdominal pain, constipation, and anorexia. It helps to digest the *Ama* and helps in *Shodhana* (detoxification) of the body due to its *Deepan* (appetizer) and *Pachan* (digestion) properties. It manages all the three doshas, especially the *Vata* and *Kapha* dosha, and improves the *Pitta* dosha [19, 20]. *Kutaja Ghana vati* is basically *kashaya* and *katu rasa*, *sheetaveerya*, helps in *tridosha shamaka* but mainly helps to mitigate *pitta* and *kapha* doshas. It is very helpful in *atisara*, *pravahika* and in *pittaaja* and *kaphaja* doshas. [21] *Brahmi Vati* (with *madhu anupana*) is also a very good drug to prevent anxiety & stress, induce sleep & alleviate *vata* [22]] By all of these medications' patient was nicely improving day by day and it was continued upto 20 days.

After discharge from hospital, the patient was on only oral medications just same as IPD medications. The only medication phase (phase II) was continued upto 20 days. After completion of two phase treatment, investigations were done on 40th day and have got very significant improvement in haematological and stool profile. In the view of clinical features, excellent improvement happened in 11 entities except *muhurbaddha muhurdravam* (Moderate improvement). So, overall improvement of the patient signified the success of the treatment. So, *amapachana* and *Agni deepana* are the main line of treatment, at the same time treating the negative factors of *manasika bhavasa* and regaining mental strength is also very much helpful in treatment of *Grahani roga*. [23] And by the application of therapies and medications, were successfully done in this patient.

CONCLUSION

In the present case, as the treatment given here like *abhyanga, bashpasweda* and oral medications- *Chitrakadi Vati, kutajaghana vati*, along with that *satvavajaya chikitsa* (counselling therapy) with *pathya ushnodaka* & *takra* had showed good remarkable improvement and response in this case suffering from *Grahani roga*. Moderate improvement of *muhurbaddha muhurdrava* symptom has signified the need of long term treatment to treat this disease. This study has given us a successful as well as effective Ayurvedic

management in *Grahani roga* also curing its complications. Hence, it can be clearly stated that IBS can be cured with special reference to *Grahani roga* by its Ayurvedic management.

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