



GRAHANI DOSHA AND IRRITABLE BOWEL SYNDROME: A INTEGRATIVE REVIEW WITH ITS AYURVEDIC MANAGEMENT

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ABSTRACT

In present's time, there are irregularities in the nutrition and salutary timings of the people. Piecemeal from this people are under constant internal stress due to multiple reasons. These variables all contribute to irregularities in the gastrointestinal system's function. In *Ayurveda Mandagni* is considered as the root cause for manifestation of multitudinous conditions. Among them, *Grahani Dosha* is one of the high complaint of gastro- intestinal tract and seen constantly in day to day practice. *Grahani* (organ- duodenum) and *Agni* are interdependent. *Ama Dosha*, which is caused by *Mandagni*, may eventually have an impact on *Grahani dosha*. The sign & symptoms of *Grahani Dosha* are analogous to Irritable bowel Syndrome as described in ultramodern medical wisdom. India's IBS is estimated to be between 4.2 and 7.7, while the global average is 11.2. It is three times more prevalent in women and working-age individuals.

KEYWORDS: *Agni, Grahani Roga, Mandagni, IBS.*

INTRODUCTION

Ahara (food) is the most important representative for aliment of life. It's described as first column among the three columns of life (*Trayopsthambha*)⁽¹⁾ i.e. *Ahara, Nidra, Brahmacharya. Hitkari/ Pathya Ahara* (Wholesome food) as per *Ayurveda* is facilitative for the upkeep of good health, life, energy, intellect, good voice and complexion. *Agni* is the inflexible agent in the process of *Ahara paka* (digestion, transfiguration). *Grahani*⁽²⁾ is an *Ayurveda* term related to the seat of *Agni* (digestive conflagration), which support in the metabolism and digestion of food. In *Ayurveda Mandagni* is considered as the root cause for manifestation of multitudinous conditions. *Grahani Dosha* is prevent gastrointestinal disorder frequently encountered in daily practices. *Ama Dosha*, which is caused by *Mandagni*, may eventually have an impact on *Grahani Dosha*. Acharya says that when incompletely undigested memoir substances moves over in gastrointestinal tract it produces a complaints known as *Grahani Dosha* due to *durbala (weak) agni.*⁽³⁾ *Grahani and Agni* are interdependent, functionally weak *Agni* i.e., *Durbala Agni*, causes infelicitous digestion of ingested food, which leads to *Ama Dosha*. This *Ama Dosha* is a root cause of ultimate of the conditions. It has vital significance in the pathogenesis of *Grahani Dosha*. *Grahani* is considered under than eight major conditions (*Ashtamahagada*) by *Acharya Vagbhatta.*⁽⁴⁾ In modern wisdom, no complaint or condition is exactly similar to *Grahani Dosha*, but symptoms are set up truly common in various complaint conditions, on which the generality of *Grahani Dosha* is predicated. Following are the conditions that generally show off the symptoms of *Grahani* perverse.

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome (IBS) has been outlined as a active complaint of gastrointestinal part without any coexisting structural defect, in which usual exertion of bowel either magnified or misrepresented in such a way that it leads to constipation and/ or diarrhea and constantly to abdominal pain or discomfort. It can also be described as a dysregulation of the brain – gut axis that interacts with visceral sharpness and associated with observed digestive motor disturbances and micro inflammation of the gut, with possibly an imbalance of the intestinal bio leafage. The frequency is known to be advanced in Western nations as assimilated to Asian counties. The frequency of IBS within the community is between 10 and 25. The pooled estimate of the global IBS Frequency, as determined by meta-analysis, is 11.2 (95% CI 9.8-12.8), with regional differences; the lowest incidence is 7.0 in south Asia, while the highest rate 21.0 in South America. IBS affects around 20% of the general population in the united states. In Western nations, ladies outnumber males by the rate of 21, while womanish- to- virile rate in USA is 32. It was observed that the rate of ladies to males in India is reversed, i.e. 13 to that of the Western nations. The complaint is generally set up in the time group of 15 – 50 times and may also do in children and elderly. The frequency of IBS in general population of India is 15%. Most of the cases approach the general practitioner and only 30 – 50 of the workload at gastroenterology outpatient clinics.

AYURVEDIC REVIEW

The term *Grahani* applies to both the name of the disease and the organ that is involved in pathogenesis. For better understanding of *Grahani Dosha* it's material to go through the generality of *Agni* and *Ama*. Here apothegmatic description of *Agni* and *Ama*.

CONCEPT OF AGNI

The term *Agni* in *Ayurveda* has a significant part to conserve body homeostasis, body functioning, metabolism of body. *Agni* is described in *Ayurveda* as having multitudinous derivatives that show off the significance of *Agni*. As *Ayu* (life) which means it increases the human's life span, if *Agni* is working out properly, *Varna*(complexion) which means it maintains the color complexion of the body, *Bala* (energy) which means *Agni* maintains the body's energy. *Swasthyam* (health) which means it maintains the human's physical, *Ojas* (kerchief substance) maintains the body's impunity, *Agnayah* (memoir fires) maintains the body's digestive fires, and *Prana* (life) maintains the mortal commodity's stable life. When the body's *Agni* is extinguished, the body is supposed dead, and *Sharira* is considered dead. An individual can live a long life free from disease as long as their body's *Agni* is in a healthy state. Thus, *Agni* is the source of everything.

HETUS (ETIOLOGICAL FACTORS) OF GRAHANI DOSHA⁽⁹⁾

People who ignore all the rules and eat a lot quickly get a disease called *Grahani* morbidity. Vitiated agni is the main cause of the disease. The main reasons for *Grahani Dosha* are as follows:

1. Vitiating of *Agni* directly by indulging in various etiological factor
2. When *Mandagni* formerly persist analogous as after diarrhoea and person still indulge in ‘ *Ahit- Sevan* ’.

The etiological ministers which are stated to be responsible for *Agni Dushti* can be separated into two groups i.e. *Samanya* (general) and *Vishishta* (special) *Hetus*.

SAMANYA HETUS

1. Aaharaj Nidan

- *Abhojana*
- *Samashana*
- *Vishamashana*
- *Viruddhashana*
- *Atibhojana*
- *Asatmya Bhojana*

- *Atiguru Bhojana*
- *Sheeta Bhojana*
- *Atiruksha Bhojana*
- *Sandushta Bhojana*

2. Vyapada of Panchkarma

- *Virechana*
- *Vamana*
- *Snehana*

3. Emaciation or blowing brought around by other conditions

4. Viruddha or Incompatibility of

- *Desha*
- *Kala*
- *Ritu*

5. Suppression of natural urges(Vega Vidharana)

Acharya Sushruta also described antecedents of Ajeernaas.⁽¹⁰⁾

- *Atyambupana*
- *Vishamashana*
- *Swapna Viparyaya(Divaswapa and Ratri Jagarana)*
- *Manasika Hetus viz. Irsha, Bhaya, Krodha, Lubdhata, Shoka, Dainya, etc.*

VISHESH HETU

- *Sushruta* described *Grahani Roga* in chapter *Atisara Pratisedh..* He states that if a person who has *Mandagni* or a person who has precisely recovered from *Atisara* takes conversationalist food may suffer from *Grahani Roga*.
- *Acharya Charaka*, while describing treatment of *Amatisara* stated that if *Sangrahi* medicine is given away during *Ama Avastha* of *Atisara* may beget *Grahani Dosha*.
- *Arsha* and *Atisara* may directly produce *Grahani Dosha* as these are *Anyonya Nidana Bhuta Vikara*.

PURVA RUPA^[11]

In the above premonitory symptoms, *Trishna* is specific *Purva Rupa* of *Vataj* and *Pittaj Grahani*.

SAMPRAPTI GHATAKA OF GRAHANI DOSHA

Samprapti Ghataka of *Grahani Doshacan* be summarized under the following headings:

- **Nidana** : *Aharaja, Viharaja, Manasika Karana,*
- **Dosha** : *Vayu :Samana, Apana, Vyana; Pitta–Pachaka; Kapha –Kledaka*
- **Dushya** : *Ahara Rasa, Rasa Dhatu*
- **Agni** : *Jatharagnimandya*
- **Ama** : *Jatharajanya*
- **Srotas** : *AnnavahaSrotas, Purishavaha Srotas, RasavahaSrotas*
- **Strotodusti** : *Sanga, Vimarga-Gamana, Atipravritti*
- **Udbhavasthana** : *Ama-Pakvashaya*
- **Roga Marga** : *Abhyantara*
- **Vyadhishwabhava:** *Chirakari*
- **Adhithana** : *Grahani*

CLASSIFICATION OF GRAHANI DOSHA

Classification of *Grahani Doshahas* been done, on the basis of etiology, speciality of *Dosha* and other specific variety of *Grahani Roga*, into 3 groups.

(a) On the basis of etiology, *Grahani* can divided into two types

- i. Independent i.e. *Swatantra Grahani* it develops without *Atisara*.
- ii. Dependent i.e. *Partantra Grahani Dosha*– it develops after *Atisara*.

(b) On the basis of particular *Dosha* involvement *Charaka*, *Sushurta* and *Vagbhata* have described four varieties of *Grahani Roga*. As

1. *Vataja*
2. *Pittaj*
3. *Kaphaj*
4. *Sannipataj*

(c) Other special varieties of *Grahani Dosha*

In *Madhava Nidana*^[12], *Sangraha Grahani* and *Ghatyantra Grahani* have also been described separately. In *Siddhant Nidan* five other varieties have been described in addition to the four types described by *Charaka* etc. they are :-

1. *Sangraha Grahani*

It's due to ascendance of *Ama* and *Vata*. It's called *Sangraha Grahani* because there's first collection of *mala* in intestine for some period also it's excreted out. It's a habitual complaint which is delicate to diagnose and prognostic is grave. The sign & symptom of *Sangraha Grahani* are *Antrakujanam*, *Alasyam*, *Daurbalyam*, *Sdanam*, *Drava Shakrit Pravritti*, *Ghana Shakrit Pravritti*, *Sita Shakrit Pravritti*, *Singdha Shakrit Pravritti*, *Ama Shakrit Pravritti*, *Bahu Shakrit Pravritti*, *Picchila Shakrit Pravritti*, *Sasabda Shakrit Pravritti*, *Manda Vedana Shakrit Pravritti*, *Divya Prakop*, and *Ratrau Shanti*.

2. *Ghatyantra Grahani*

It may be due to ascendance of *Vata* and should be considered as *Sannipataj Grahani*. prognostic of the complaint is also grave. The specific *Rupa* of *Ghatyantra Grahani* are as follows

- ◆ *Swaptah Parshwayo Shulam*
- ◆ *Galajalla Gati Dhvani*

3. *Raj Grahani*

This particular type of *Grahani Doshais* substantially set up in rich person. Hence, it's known *Raj Grahani*. It's delicate to diagnose and the prognostic is grave. Case suffering from this complaint don't digest fat, cereals, sugars. They frequently digest milk and fruits. They pass *Snigdha*, *Sfita* and *Bhuri Shukla* stool in morning sometimes in noon. On examination tongue appears to be smooth, uncleaned and *Pandu Varna*.

4. *Kshataj****Grahani***

After *Pravahika* conformation of colourful ulcers in the intestine lead to emergence of signs and symptoms stimulating *Grahani Roga*. We call this kind of *Grahani Kashtaj Grahani*. The signs and symptoms of this condition go away for a while before coming again. The discerning point which may separate it from *Sangraha Grahani* is that sometimes there's blood in coprolite in case of *Kashtaj Grahani*.

5. *Kashyaj Grahani*

If the mucous membranes of intestine and glands of the intestine are caught by bacillus tuberculosis also they excrete faeces again and again that may be liquid and solid in nature. This type of *Grahani* is known as *Kashyaj Grahani*. In this type the coprolite may contain blood and mucous and there's pain during defecation.

6. *Nirmoka Grahani*

It's habitual and hardly treatable complaint. This complaint generally occurs in women of *Vata Prakriti* and in children. The intestinal mucous membrane separates from its point, like *Sarpa Nirmoka*. In this type of *Grahani* the case passes coprolite with mucous & blood with tenesmus. This type of *Nirmoka* passed out with solid or liquid coprolite there's alternate constipation and diarrhoea.

UPADRAVA OF GRAHANI DOSHA

The six complications of *Grahani Dosha* were described by *Acharya Harita* ⁽¹³⁾.

- *Pliha Yakrita Vriddhi* (hepato- spleenomegaly)
- *Kandu* (itching)
- *Vibandh* (constipation)
- *Asthila*
- *Krimi*
- *Udara Roga*

IBS (IRRITABLE BOWEL SYNDROME)

Irritable bowel syndrome (IBS) is a functional bowel complaint characterized by abdominal pain or discomfort and altered bowel habits in the absence of sensible structural abnormalities. Throughout the world, about 10 – 20 of grown-ups and adolescents have symptoms harmonious with IBS, and utmost studies show a womanish ascendance. This clinical reality is characterized by habitual (further than 3 months) abdominal pain that occurs in association with altered bowel habits. The 2016 Rome IV agreement description of Irritable bowel syndrome is abdominal pain that has two of the following three features -

- (1) related to defecation,
- (2) associated with a change in frequency of coprolite, or
- (3) associated with a change in form(appearance) of coprolite.

Symptoms of abdominal pain should be consistent, occurring at least once each week. Other symptoms supporting the opinion include abnormal coprolite frequency; abnormal coprolite form(lumpy or hard; loose or watery) abnormal coprolite passage(straining, urgency, or feeling of deficient evacuation); and abdominal bloating or a feeling of abdominal distention. The symptoms of the complaint can differ in their rigidity, which can significantly lower quality of life and lead to costly medical treatment. In the birth of complaint altered gastrointestinal (GI) motility, visceral hyperalgesia, disturbance of brain – gut commerce, abnormal central processing, autonomic and hormonal events, inheritable and environmental factors, and psychosocial disturbances are perfectly involved, depending on the existent.

PATHOPHYSIOLOGY

The pathogenesis of IBS is poorly understood, although roles of abnormal gut motor and sensory activity, central neural dysfunction, psychological disturbances, mucosal inflammation, stress, and luminal factors such as bile acid malabsorption and Gut dysbiosis have been proposed.

CLINICAL FINDINGS

SYMPTOMS AND SIGNS

Abdominal pain generally is intermittent, cramp, and in the lower abdominal region. Pain generally is associated with a change in coprolite frequency or form and may be bettered or worsened by defecation. It's constantly episodic and cramp, but it may be superimposed on a background of constant pang. Pain may be mild enough to be ignored or it may intrude with diurnal conditioning. Abdominal pain is nearly slightly present only during waking hours. Pain is frequently aggravated by eating or emotional stress and bettered by passage of flatus or droppings. In addition, womanish cases with IBS generally report worsening symptoms during the premenstrual and menstrual phases.

Changed Bowel Habits: The most harmonizing clinical point in IBS is a change in bowel habits. The most common pattern is constipation interspersing with diarrhoea, generally with one of these symptoms predominating. Diarrhoea may be the primary symptom in other circumstances. Diarrhoea performing from IBS generally consists of small volumes of loose droppings. utmost cases have coprolite volumes of < 200 mL. Diarrhoea may be exacerbated by emotional stress or eating. Cases with Irritable bowel syndrome may be classified into one of four orders grounded on the predominant coprolite habits and coprolite form^(14,15)

- 1) Irritable bowel syndrome with diarrhoea (IBS- D)
- 2) Irritable bowel syndrome with constipation (IBS- C)
- 3) Irritable bowel syndrome with mixed constipation and diarrhoea (IBS- M)
- 4) Irritable bowel syndrome that is not subtyped.

LABORATORY FINDINGS AND SPECIAL EXAMINATIONS

- A **complete blood count** should be obtained to screen for iron deficiency anaemia.
- A **fecal calprotectin** level is recommended to screen for inflammatory bowel disease; a value of greater than 50 mcg/g may warrant further endoscopic evaluation.
- Serologic testing for celiac disease (**TG IgA**) should be performed.
- **Stool specimen examinations** should be obtained in patients with increased likelihood of parasitic infection (ex. day care workers, campers, foreign travellers) for *Giardia* antigen or for multiple organisms (*Giardia*, *Cryptosporidium*, *Cyclospora*, *Entamoeba histolytica*) using nucleic acid amplification (PCR) tests.
- **Colonoscopy**-Especially In patients aged 50 years or older who have not had a previous evaluation.

DIFFERENTIAL DIAGNOSIS

- 1) inflammatory bowel disease (ulcerative colitis, Crohn disease, microscopic colitis)
- 2) malabsorption (especially celiac disease, lactase deficiency, bacterial overgrowth)
- 3) hyperthyroidism or hypothyroidism
- 4) parasites
- 5) chronic secretory diarrhoea (carcinoid)
- 6) colonic neoplasia
- 7) Psychiatric disorders such as depression, panic disorder, and anxiety
- 8) Gynaecological disorders (endometriosis, ovarian cancer)

AYURVEDA MANAGEMENT OF GRAHANI DOSHA

The traditional textbook of Ayurveda suggested that *Grahani Dosha* may be treated by following concept of *Langhana* and using *Deepana* and *Pachana* drugs which help to potentiate *Agni* and exclude *ama*. → Purgation remedy with goad medicines also helps to remove *Ama* → Husk of *Ashvagol* help in evacuation of coprolite. → Butter milk (*Takra*) also suggested by ancient Acharya for treatment of *Grahani Dosha*. Life

style change and balanced diet regimen along with consideration of *Pathya Apathya* help to cure *Grahani Dosha*.

Dietary changes

- ✓ Changing your diet to include more healthy foods can boost *Agni* and lower your risk of *Grahani Dosha*.
- ✓ Dietary food should be consumed at regular intervals.
- ✓ Junk foods, antipathetic foods and food delicate to digest should be avoided.
- ✓ *Ayurveda* mentioned balanced diet under *Sansarjana Krama* with routine diet plan depending on the *Prakriti* of the existent. therefore, case of *Grahani* recommended to follow diet pattern of *Sansarjana Krama*.
- ✓ It is best to stay away from *Abhojanat*, *Ajeernabhojanat*, *Attibhojanaat*, *Visamasanat*, *Asatmya*, and *Sandusta Bhojanat*, among other things.
- ✓ Preparation and consumption of hygienic food papers. Diet containing balanced nutritive value need to be espoused.
- ✓ *Virudha-Ahara* means that one should eat according to his or her own body type and the ideas of *Desha* and *Kala*.

Dietary materials recommended for *Grahani Dosha* are as follows:

- ✓ Diets which promote digestive enzyme; restore normal foliage and maintain nutritive adequacy should be espoused similar as; fibres, fruit, vegetables, grains and curd.
- ✓ *Yavagu*, *Panchkola*, *Takrarista*, *Jangalmansa*
- ✓ Vegetable mists → Light diet and Soup of dried radish.

Behaviour changes

Grahani Doshasymptoms can be triggered by behavioural factors like fear, grief, stress, and insomnia, suggesting the need to manage these to prevent depression affecting *Agni*. Maintaining normal metabolic functioning requires positivity and zeal, but avoiding inordinate thinking and *chintan* habits can affect digestion, as brain rotation is primarily associated with the intestine. One should consume diet by following rules of *Swasthwarita* in proper manner so to achieve maximum salutary effect of consumed food. (16-18)

Daily Regimen Changes Exercise And Yoga

To strengthen the body and *Agni*, regular exercise is necessary, and it should be done at certain times of the day. Agreement, *Yoga*, and *Pranayama* can help reduce stress and increase stress resistance, while *Ayurveda* recommends diurnal rules like *Ritucharya* and *Dinacharya* for salutary results. The *Dhyan* and *Shodhna* procedure, after a fixed interval, also provides salutary goods in *Grahani*.

Significance of Buttter Milk

Butter milk is the best beverage for a patient with the *Grahani Dosha* since it boosts digestion, is *Grahi*, and is easily digested. Butter milk is sweet, sour, tangy in taste; light and dry in parcels, hot in energy and sweet in metabolism. Because of *Madhura*(sweet) *Vipaka*, it does n't beget aggravation of *Pitta*. Because of its tangy taste, hot in energy, it's useful for neutralizing the exacerbated *Kapha*. Because of the sweet and sour taste, it's useful for neutralizing the exacerbated *Vayu*. When lately prepared it does n't beget burning sensation.

CONCLUSION

The digestive system suffers from the disease *Grahani Dosha*, which results in bloating, irregular bowel motions, and stomach pain. It affects *Annavaha Srotas* and lifestyle patterns. Different formulations and therapeutic techniques are available for management in *Ayurveda*. *Agni* vitiation, which includes *Jatharagni*, *Saman Vayu*, *Pachak Pitta*, and *Kledaka Kapha*, is the cause of *Tridoshatmaka* sickness of

digestive fire. disease that is typified by bloating, irregular bowel movements, and abdominal pain. In addition to offering a variety of formulations and therapeutic techniques, Ayurveda also suggests lifestyle modifications that can help control *Grahani Dosha*.

REFERENCES

1. Pt. Kashinatha sashtri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta sashtri editors, Charaka Samhita Sutra Sthan 11/34, edition 2020, chapter 11, page no.199.
2. Pt. Kashinatha Shastri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta Shastri editors, Charaka Samhita Chikitsa Sthan 15/56, chapter 11, page no.462.
3. Pt. Kashinatha Shastri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta Shastri editors, Charaka Samhita Chikitsa Sthan 15/44, chapter 11, page no.460.
4. Kaviraja Atrideva Gupta, Edited by Vaidya Yadunandana Upadhyaya, Astanga Hridayam, Nidana Sthan 8/30, edition 2020, chapter 8, page no.339.
5. [Http://www.journaldmims.com](http://www.journaldmims.com)
6. Pt. Kashinatha Shastri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta Shastri editors, Charaka Samhita Chikitsa Sthan 15/44, chapter 11, page no.460.
7. concept of agni in ayurveda with special reference to agni bala pariksha, Vaidya bhagwan das, chaukhamba amar bharti prakashan, 2nd edition 1993, page no-3.
8. Pt. Kashinatha Shastri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta Shastri editors, Charaka Samhita Chikitsa Sthan 15/44, chapter 11, page no.460.
9. Pt. Kashinatha Shastri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta Shastri editors, Charaka Samhita Chikitsa Sthan 15/16, chapter 11, page no.358.
10. Shastri Ambikadutta, Sushrut Samhita, sutra sthan, chapter 46, page no-178.
11. Pt. Kashinatha Shastri and Dr. Gorakha Nath chaturvedi, Pt. Rajeswaradatta Shastri editors,
12. Charaka Samhita Chikitsa Sthan 15/56, chapter 11, page no.462.
13. Vijayrakshit and shri kanthdutt, madhukosh commentary on madhav nidan 25/2, chaukhamba prakshan, Varanasi, reprint 2009, page no-520.
14. <http://www.ncbi.nlm.nih.gov › articles › PMC4202343>
15. Sir Stanley Davidson, Ed: Brian R Walker, Nicki R College, Stuart H Ralston, Ian D Penman. Davidson's principles and practice of medicine. Churchill livingstone, Elsevier. 22nd edition, 2014; 907.
16. Vaidya Yadavaji Trikamji. Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta, (Chikitsa Sthana 15, Verse 12) Varanasi; Chaukhambha Prakashan; p. 513.
17. Kaviraja Ambikadutta Shastri. Susruta Samhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 167). Varanasi; Chaukhamba Sanskriti Sansthan; 2008.p. 237
18. Kaviraja Ambikadutta Shastri. Susruta Samhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 167). Varanasi; Chaukhamba Sanskriti Sansthan; 2008.p. 237.