



## GRAHANI (IRRITABLE BOWEL SYNDROME) : A CASE REPORT

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**ABSTRACT** *Grahani* is a disease of great clinical relevance in modern era because of its direct link with improper food habits and stressful lifestyle of the present era. *Grahani* is the main functional part of *Mahasrotas* and also known as a *Pittadhara Kala*. *Ayurveda* characterize the disease by passage of stool with constipation or diarrhoea and with undigested or digested food particles. This disease also associated with thirst, pedal oedema, abdominal cramping & pain, fever and vomiting. The symptoms of *Grahani* resembles most of IBS symptoms. So we can co-relate the *Grahani Roga* with IBS. Whole world is looking towards *Ayurveda* for safe treatment modalities, so it is essential to find out the effective therapeutic procedure from our science. A diagnosed case of *Grahani* (IBS) discussed here. In this case study patient was administered combination of *Avipattikar Churna*, *Bilva Churna*, *Kutaj Churna* & *Panchaamruta Parpti*, syp. *Kutaj Bilvapaak*, *Kutajaghan Vati* and *Vinamibo* pouch. This *Ayurvedic* formulation showed highly significant result.

**KEYWORDS :** *Grahani Roga*, IBS, *Mahasrotas*, *Pittadhara Kala*

**INTRODUCTION:**

*Grahani* is the seat of *Agni* (digestive fire), it retains the food (until it is fully digested) and then passes it into *Pakwashya* (intestine)<sup>[1]</sup>. *Grahani* is most important part of *Mahasrotas* (G.I. System) and according to *Acharya Sushruta* 6<sup>th</sup> *Pittadhara Kala* situated between *Amashya* and *Pakwashya* is called *Grahani*<sup>[2]</sup>. The disease in which *Grahani* or small intestine gets vitiated and there is impairment of *Agni* is called as *Grahani Roga*<sup>[3]</sup>. *Grahani* is *Tridoshatmaka* disorder of digestive system due to vitiation of *Pachakagni*, *Saman Vayu* & *Kledaka Kapha*. It occurs with the symptomatology like *Muhurbaddha-Muhurdrava Malapravritti* (voids stool in large quantity either in solid or liquid form i.e. *Pakwa* or *Apakwa Avastha*), *Udarshoola*, *Antrakujan*, *Arochaka*, *Klama* etc<sup>[4]</sup>. Due to indigestion thirst, fever, vomiting, anorexia, belching of bitter or sour taste, excessive salivation, distaste of mouth<sup>[5]</sup> and due to malabsorption edema in hand and feet, emaciation of bone, pain in joints, dyspnea, giddiness etc are manifested<sup>[6]</sup>.

In modern concepts, if the disorders of GI system are analyzed (specially the small intestine) it though the nature of bowel movement we can precisely matches with the IBS. IBS affects about 10% of adult population and 70% are women. It is a functional disorder of GIT. The wall of intestine exhibits rhythmic contraction called the peristaltic movements, which helps moves the contents in the tract. In IBS the wall of the intestine become sensitized to even mild stimulus which causes excess cramps.

Sign and symptoms of IBS may vary but some of common symptoms are<sup>[7]</sup>-

- Abdominal pain and discomfort
- Abdominal contraction increases after eating
- Abdominal cramps with bloating
- Chronic diarrhoea or constipation or both
- Flatulence

Most of the symptoms of IBS are same with *Grahani roga* symptoms. So we can treat IBS patient on the line of *Grahani roga*.

**CASE REPORT:-**

A clinically diagnosed 45 years old hindu married patient (registration no. 18711052016) residing in jaipur, present in 3 no. OPD wing of *Kriya Sharir, Aarogyashala* NIA Jaipur, on 11 may 2016 with chief complaints of increase frequency of motion and abdominal pain after intake of food and weight loss also since 3 years.

Patient was clinically diagnosed since august 2012 and take treatment from different allopathic hospitals but not found much relief. All symptoms were gradually increased and changes into ulcerative colitis (in 2014 diffuse ulceratives cohorts seen in colonoscopy).

**GENERAL & SYSTEMIC EXAMINATION:-**

On examination of patient mild pallor was present and its vitals were within normal limit. Appetite and sleeping pattern was normal, altered bowel habits i.e. 4 frequency in day & 3 frequency in night with soft consistency of stool (loose motion). Micturition frequency was also increased (in night 4 times). No abnormality detected in CVS, CNS and RS. Tenderness present in P/A examination. On examination of per rectum, small areas of ulcerations of mucus membranes were seen. There was no H/O of mass/rectum prolapsed.

**INVESTIGATION FINDING:-**

Haematological report reveals that Hb%- 11.24gm% (in 2012), 11.11gm% (in 2013), 9.89gm% (in 2014), ESR 45mm/hr (2012) 25mm/hr (2013), TLC DLC and other haematological parameters and LFT & RFT were normal. In colonic biopsy report of 2012 chronic active colitis was diagnosed and endoscopic biopsy of rectum was done in 2013 & diagnosed was inflammatory bowel disease. In 2014 sigmoidoscopy and colonoscopy was done. Sigmoidoscopy was found ulcerative colitis (mild) and in colonoscopy diffuse ulceration were seen with loss of vascular pattern.

**TREATMENT PLAN:-**

According to course of the disease and involvement of *Pitta Dosh*, *Mahasrota Dushti* and *Sharir-Manas Bala* of patient, we planned following internal medicine-

1. *Avipattikar Churna*-3gm.  
*Bilva Churna* -1gm.  
*Kutaj Churna* -1gm.  
*Panchaamrut Parpati*-300mg.  
**1\*2 Matra with water before meal**
2. Tab. *Kutaj Ghana Vati* 2-2-2 TD After meal with water (3 times in a day)
3. Syp. *Kutajbilva Paak* 4-4 tsb. BD after meal
4. Vin. *Amibo* pouch 1-1 pouch BD with water after meal

After 45 days along this treatment *Bhuvneshwar Churna* was also given.

**RESULT:-**

The patient was improved slowly in the beginning. He continued the treatment and periodically assessed clinically. He was improved further and now he is completely symptoms free and taking some oral medicine like (*Dadimaashtak Churna* & *Bhuvneshwar Churna*) till date.

**DISCUSSION:-**

*Grahani* is a syndrome in which *Agni*, the digestive power, is supposed to be at fault, when *Agni* become depressed, *Ama Dosh* (undigested waste material) accumulates & it passes in the stool. So aim of

treatment should be to enhance to potency of Agni, thereby reducing the formation of *Ama*.

1. *Grahani* is a disease of Agni with varying degrees of *Dosha* involvement. The excessive consumption of foods and lifestyle., initially disturbed digestion of food and leading to formation of *Ama* that gets deposited between the villi of intestine, forming a smooth coating that impairs the normal function and immunity of the intestines. *Vata Dosha* in the lower colon is also aggravated and in the early stages blocks the *Pitta* and *Kapha* channels, causing inflammation, mucous accumulation and oedema.
2. *Kutaj* has *Tikta & Kashaya Rasa*, *Sheeta Veerya*, *Katu Vipaka* and *Deepan*, *Stamabhan*, *Pittakapha Shamaka* properties<sup>[8]</sup>. According to *Charak Kutaj* is considered as best (*Agraya Dravya*) in *Sangraahik* and *Upshoshan Dravya*<sup>[9]</sup>. Due to above properties *Kutaj* stimulates Agni, leads to remove *Ama*(toxin) formation by proper digestion of food and *Ama*. Due to *Tikta & Kashaya Rasa*, *Ruksha Guna* and *Sheeta Veerya*, it pacify the *Kapha & Pitta Dosha*.
3. *Bilva* has *Kashaya & Tikta Rasa*, *Laghu & Ruksha Guna*, *Ushna Veerya*, *Katu Vipaka* and *Deepan*, *Paachan*, *Graahi*, *Vata-Kaphahara* properties<sup>[10]</sup>. *Acharya Charak* said in *Agrya Dravya 25<sup>th</sup>* chapter *Bilva* is *Sangraahik*, *Deepaniya* and *VataKapha Prashaamak*<sup>[11]</sup>. Unripened fruit of *Bilva* used in *Agnimand Janya Vikara*. Due to *Tikta & Kashaya Rasa*, *Laghu & Ruksha Guna* it pacify the *Kapha Dosha* and due to *Ushna Veerya* it pacify the *Vata Dosha*.

*Kutaj* and *Bilva* both are *Sangraahik* properties. So both are bind up and hold the stool and helps into decreasing the frequency of loose motion.

*Avipattikar Churna* is also indicated for *Agnimaandjanya* diseases<sup>[12]</sup>. *Avipattikar Churna* corrects the action of *Apan Vata*, which helps in a proper flow of feces.

*Kutaj Ghana Vati* is an *Ayurvedic* formulation, which pacifies all three *Dosha*. Especially it pacifies aggravated *Kapha* and *Pitta* in digestive system. *Kutajghana Vati* stimulates digestive fire and restore digestion by normalizing the function *Grahani* organ.

#### CONCLUSION:-

As the treatment given here showed good remarkable improvement and response along with strict diet regimen gave us a hope and a new finding was found successful as a possible effective *Ayurvedic* cure in *Grahani*(*IBS*) *Roga*. On the basis of above discussion it can be concluded that *Ayurvedic* treatment is very successful in management of *Grahani*(*IBS*). It is easily adoptable in routine practice and also safe, cost effective and no side effects.

#### REFERENCES

1. Kashinath Shastri; Charak Samhita; Chikitsa Sthan; 15/51-52; Vol-1; Varanasi; Chaukhambha Bharti Academy; 2011; Page no-461
2. Kaviraj Ambikadatta Shastri; Sushrut Samhita; Uttartantra; 40/167; Vol-2; Varanasi; Chaukhambha Sanskrit sansthan; 2011; page no-307
3. Vidyotini hindi commentary by Kaviraj Atrived Gupta edited by VaidyaYadunandana Upadhaya; Astang Hrdyam of Vagbhata; Sutra Sthan; 12/8; Reprint 2012; Varanasi; Chaukhambha prakashan; page no-121.
4. Kaviraj Ambikadatta Shastri; Sushrut Samhita; Uttartantra; 40/172-73; Vol-2; Varanasi; Chaukhambha Sanskrit sansthan; 2011; page no-307
5. Vaidya Yadavji Trikamji Acharya; Charak Samhita; Chikitsa Sthan; 15/33 with the *Ayurveda Dipika* commendatory of Cakrapanidatta; Varanasi; Chaukhambha Surbharti Prakashan; 1992
6. Vaidya Yadavji Trikamji Acharya; Charak Samhita; Chikitsa Sthan; 15/33 with the *Ayurveda Dipika* commendatory of Cakrapanidatta; Varanasi; Chaukhambha Surbharti Prakashan; 1992
7. McGraw-Hill; Harrison's principle of internal medicine, Vol-2; 16th edition; Medical publishing division; Page no-1779.
8. Prof. P.V. Sharma; Dravya Guna-vijnana; Vol-2; Chapter no-5, Reprint 2012; Varanasi; Chaukhambha Bharti Academy; Page no-465.
9. Prof. Priyavrat Sharma; Charak Samhita; Vol-1; 25/40; Reprint edition 2011; Varanasi; Chaukhambha orientalia; Page no-168.
10. Prof. P.V. Sharma; Dravya Guna-vijnana; Vol-2; Chapter no-5, Reprint 2012; Varanasi; Chaukhambha Bharti Academy; Page no-456-57.
11. Prof. Priyavrat Sharma; Charak Samhita; Vol-1; 25/40; Reprint edition 2011; Varanasi; Chaukhambha orientalia; Page no-168.
12. Shri Ambika data Shastri, Shri Rajeshwardatta Shastri *Ayurvedashashracharya*; Bhaishajya Ratnavali wuth hindi commentary; 8th edition; Varanasi; Chaukhambha Sanskrit Sansthan; 1987; Page no-643-44.