

GRAHANI

A CLINICAL APPROACH

Introduction

The term 'Grahani' in the Ayurvedic context, when interpreted Anatomically, is said to be situated above the Nabhi and between Amashaya and Pakwashaya; Physiologically, it holds the ingested food for the duration of its digestion, before the undigested food residue is propelled into the Pakwashaya.

Grahani and Agni are having Adhara-Adheya Sambandha. Most of the Acharyas describe Grahani as Agni Adhishtana. Functionally weak Agni ie; Mandagni causes Ama Dosha which has a pivotal importance in the pathogenesis of Grahani Roga. It is regarded as one among the Mahagadas which involves the Annavaha and Purishavaha srotas.

Equating Ayurvedic Terminology with modern disease is a fact of controversy and debate. In spite of that, for better understanding, Grahani can be vaguely correlated with IBS which is seen often in day to day practice. This is the era of fast-food, there is change in diet and diet timings along with sedentary lifestyle. In addition to it, one is under tremendous mental stress. All these cause disturbance to the digestive system which results into many diseases, amongst which digestion and absorption disorders constitute an important group.

Prevalence

In the context of Ayurveda, Dashavidha Pariksha reveal that more number of patients are of Vata-pitta deha prakriti, Raja pradhana manasa prakriti with Avara Abhyavaharana shakti and Avara Jarana shakti. Patients with diarrhoea as predominant symptom were having Mridu Koshta. Review of personal dietary history reveals that patients were doing Pramitasana/Vishamasana with Katu Rasa and Ushna guna pradhana aahara respectively.

According to modern, about 60-80% of IBS sufferers are women. IBS can affect people of all ages, more likely to occur in people in their teens through their forties.

Nidana (Cause)

Mithya Ahara-Vihara is the main cause of Agni Dushti, which leads to Ama Dosha and finally results into Grahani Roga.

Aharaja -

- Ati Katu ahara
- Ati Snigdha
- Ati amla
- Ati Guru ahara
- Ati Sheeta ahara
- Ati Ambupana
- Vishamashana

Viharaja

- Diva swapna
- Vega vidharana
- Ratri jagarana

- Ati vyayama

Manasa

- Chinta
- Shoka
- Krodha
- Bhaya

All these lead to Tridosha dushti, mainly Samana vayu , Pachaka pitta and Kledaka kapha ,leading to Amavastha of Grahani Roga.

Speaking in modern terms, the basic causes of **IBS** are

1. Toxins accumulating in tissues blocking the circulation.
2. Poor nutrition and digestion
3. Low immunity
4. Imbalance of the nervous system
5. Accumulation of physical and mental stress
6. Disruption of natural biological rhythm

A single cause is unlikely, most patients develop symptoms in response to psychosocial factors, altered gastrointestinal motility, altered visceral sensation or luminal factors.

Lakshanas (Symptoms)

According to our Acharyas, the lakshanas exhibited are

- Muhu Baddha
- Drava Mala Pravritti
- Apachana
- Aruchi
- Udara shoola
- Udara Gaurava
- Atopa
- Vidaha
- Vistambha
- Aalasya and Praseka

Acharya Charaka has described four types of Grahani

- VATAJA
- PITTAJA
- KAPHAJA
- SANNIPATAJA

VATAJA GRAHANI

The features include dryness of skin and mucosa, constipation or alternation of constipation and diarrhoea, a cold feeling thirst, bloating, insomnia, anxiety, fissures, weight loss.

Vata accumulates and becomes aggravated in Purisha vaha srotas and overflows to rasa and rakta dhathus. If vata relocates to mamsa dhathu of Mahavaha srotas, cramping is present.

Rapid jejunal and colonic contractions result in diarrhoea as predominant symptom and constipation occurs when there are reduced colonic contractions. Abdominal pain may be caused by abnormal contraction of the intestinal smooth muscle or may be due to visceral hypersensitivity.

PITTAJA GRAHANI

The features include presence of hotness, diarrhoea, thirst, heartburn , irritability, anger, sweating, fever, foul smelling stool.

Pachaka pitta accumulates and becomes aggravated in the small intestine where it causes burning in digestion and loose stool. It overflows to the Raktha dhathu where it vitiates the Ranjaka pitta causing increased systemic heat. Pitta then relocates into the mind, disturbing Sadhaka pitta and causing anger. The result is production of enterotoxins causing acidification of food which damages the mucous membrane of the intestines, resulting in apana vayu vaigunya, leading to evacuation of bowel contents.

KAPHAJA GRAHANI

The features include dysentery type of IBS with presence of nausea, indigestion, heaviness in the chest and abdomen, foul smelling belching, mucous in the stools, sluggish bowels and lethargy.

Excess mucous in stool may be related to cholinergic hyperactivities.

SANNIPATAJA GRAHANI

Exhibits combined symptoms of all the above types.

Acharya Madhavakara mentions further types of grahani

1. Sangraha Grahani
2. Ghatyantra Grahani

Sangraha Grahani is tridoshaja grahani with pradhanatha of ama, vayu, and kapha where in the condition aggravates during day and passifies during night. It can be considered as a chronic type of IBS leading to malabsorption of fat, glucose, calcium.

Ghatyantra Grahani is also a chronic type of IBS with shoola in parshva with rumbling sounds.

IBS is regarded as a functional bowel disorder in which abdominal pain is associated with defecation or a change in bowel habit.

Diagnostic Evaluation

The diagnosis of grahani is based on detailed history, physical examination, laboratory tests and further testing that is needed to exclude other diseases. Symptoms must be present at least 3 months, before the diagnosis can be made.

It is important to exclude other diseases. In women, endometriosis must be excluded. Prior sexual or physical abuse should also be considered in female patients. History of recent bacterial gastroenteritis should be enquired in case of children. In patients with diarrhoea, serological test for celiac disease and stool examination for ova and parasites should be done. In patients under the age of 45, flexible sigmoidoscopy should be considered to exclude ulcerative colitis. In patients over the age of 45, who have not had a previous evaluation, a barium enema or a colonoscopy should be performed in order to exclude malignancy.

Apart from abdominal bloating and variable tenderness to palpation, physical examination is unremarkable.

Prognosis

According to our scholars, Grahani is sadhya in children, kashta saadya in middle-aged patients and Asadya in older patients.

Most patients have a relapsing and remitting course. Exacerbations often follow stressful life events, occupational dissatisfaction and difficulties with interpersonal relationships.

Treatment (Chikitsa)

The general line of management is like ,first do pachana, in the middle give sangrahi aushadhas and lastly do deepana.

But Clinically, when we diagnose a case as Grahani, there are certain factors that should be taken into consideration before deciding the first approach; viz

1. Age and Gender
2. Nirama or Amavastha with dosha pradhanatha
3. Satva or Manasika bala

Grahani in children

Balyavastha is described as Aparipakva dhathu, Asampurna balam, Shleshma dhathuprayam, Aniyatha Agni. So even mild etiological factor can impair Agni. The Grahani in them are usually presented in amavastha, as children munch more on biscuits, chocolates, kurkure, ice-cream and other bakery items. Atisara is described as Nidanarthakara roga for grahani. So any previous history of gastroenteritis or SIBO should be kept in mind before deciding the line of treatment. Child abuse is prevalent nowadays. So a proper history is very essential to arrive at the actual cause behind the presenting symptoms. Most children complain of recurrent abdominal pain with bloating and change in bowel habits. This can be compared with pure Vata or Vata-Kaphaja. The symptoms can be treated with a combination of medications, changes in eating, diet and nutrition. Dietary fibre may lessen constipation in children.

Rajanyadi choornam and Mustarishtam is a good combination since the Guna and Rasa of Haridra along with Musta removes the srotorodha, acts as amapachaka and agnideepaka, along with krimihara action. Some other medicines are Nirgunyadi gulika, Kombanchadi gulika, Gopichandanadi gulika. ,Ardrakasavam etc. Ekamoolika prayoga of Vacha, Brahmi has also been found to be beneficial .

Grahani in Teens

Detecting Grahani in teens is a challenge because children of this age are often embarrassed about discussing bathroom topics with anyone. So parents may often be the last to know about the symptoms. It seems to affect more girls than boys. Stress especially from studies, homesickness in hostelites and the craving for positive comments from social media (INSTAGRAM, TWITTER) can land up children under anxiety, depression, neurosis leading to Grahani.

Teens usually present with hyperacidity due to erratic and untimely food pattern. So there is a Pittanubandha along with Vata. Lakshanas of Pandu should also be looked along with assessment of thyroid function. Sexual or physical abuse should be taken into consideration. Non GI tract symptoms like headache, fatigue, depression, anxiety, even urologic and gynaecologic dysfunction are present in teens. Progesterone, which is high in the post-ovulatory phase, can cause constipation. Teens with PMS present with diarrhoea prior to periods.

The GOLDEN RULE is to elicit out the cause and treat accordingly. If the nidana is Manasika, treating as Vataja Grahani along with the use of nervine sedatives like Jatamansi, Ashwagandha, Shankhpushpi is ideal. Considering Pittanubandha in teens, Chandanadya Ghrutha, Tikthaka ghrutha, Bhunimbadya choorna, Kiratadya choorna is beneficial.

Grahani in Middle-Aged

A good majority of middle-aged men are prone for Grahani due to Adhyasana, Vishamasana, Ratrijagarana and Divaswapna. Hectic job schedules with specific targets keep them on their toes, adding to mental stress, leading to further impairment of Agni. In such men, the Grahani appears chronic as such patients do not care for mild symptoms and take on self-medications like appetizers and digestives. This leads to further accumulation of enterotoxins or ama. So in them by assessing the Rogabala, Dehabala, Agnibala, Chetasabala, going for Shodhana is quite ideal. Such chronic cases often present as Kaphaja or Sannipataja type.

Women of middle-age should be well scrutinised for the contributing mental factors in the presentation of the disease. Financial or Marital problems, death in family ;especially emotional, sexual and physical abuse are all possible causes of stress.

The priority should be given for Vata shamana with measures like Ksheeradhara or mind-calming therapies so that Vata dosha won't play havoc when shodhana needs to be employed.

Grahani in Old-Age

Along with other nagging problems of high cholesterol, HTN, DM etc; presence of Grahani can be even more debilitating for old people. Vata prakopa due to Dhathu-kshaya and Ojo-kshaya should also be taken into consideration. Lakshanas of Shopha should be looked for. Other Lakshanas like Parikartika (Fissure-in-ano), Proctalgia, Aanaha (Flatulence) are also exhibited in old people.

Carminatives like asafoetida and Ginger are good in case of distention and gas. Ashwagandha is beneficial as a nervine tonic and generally calm vata. Hingvashtaka choorna is a good remedy for flatulence, but should be used with care in hypertensive patients. Usage of Hima, Phanta, Mantha Kalpana can be tried in DM patients instead of Arishta/Asava. Patients with chronicity need tonification, so Bala and Shatavari can be used.

Vataja Grahani can be tackled by Niruha basti, Virechana, Anuvasana basti, Nagaradi kwatha, Abhayadi Kashaya.

Pippalyadya choorna, Madhukasavam, Duralabhasavam, Haridradya kshara, Duralabhadya kshara are good in Kaphaja Grahani.

Acharya Charaka states that certain drugs act through Rasa, some through Veerya, some through their Gunas, some through their Vipaka and others through Prabhava.

During Aushadha Prayoga, select drugs with Katu-Tiktha-Kashaya Rasa, Laghu, Ruksha, Tikshna Guna, Ushna veerya, Madhura Vipaka for Agnideepana, Amapachana and Srotorodhahara properties. The physician should use yukti while selecting the drugs according to avastha.

Pathya

Takra, Aaranala, Madya, Arishta, Panchakola yusha, Jangala mamsa rasa, Mudga yusha with Dadima, Ghrutha, Shushka mulaka yusha or Kulatha yusha mixed with kshara and lavana, Madira, Seethu are all said as pathya in Grahani.

Such foods which serve as PREBIOTICS and PROBIOTICS which promote digestive enzymes, restore normal flora and maintain nutritional sufficiency should be adopted according to one's body constitution and condition.

Conclusion

Sticking on to the Ayurvedic principles of Dinacharya, Ritucharya, Sadvrutta, Swasthavritta Palana, Yoga, Pranayama, Avoiding Viruddhahara can keep Grahani Roga at bay or help to maintain the troubled condition.

The Chikitsa sutra for Grahani goes as Shuddhi(Panchakarma), Langhana, Deepana, Prayoga of choorna, lavana, kshara, arishta,asava, sura, takra, sarpi according to the condition.

Thus Ayurveda offers wide range of formulations and therapeutic modalities along with suggestions to modify life-style pattern which helps to cope with and minimize the symptoms of Grahani Roga.

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