

GRAHANI ROGA - A CONCEPTUAL STUDY

Veena. G. Rao¹

Deepa.C. Patil,²

¹Professor, Department of PG Studies in Panchakarma, JSS Ayurveda Medical College and Hospital, Mysore.

²Reader, Department of Kayachikitsa, JSS Ayurveda Medical College and Hospital, Mysore.

ABSTRACT :

The word *Grahani* can be understood in three ways i.e. *grahani avayava*, *grahani dosha* & *grahani roga*. Any deviation from the status of *Samagni*.e. *Mandagni*, *Teekshnagni* & *Vishamagni* are called as *Grahani dosha*. This impaired *agni* leads to *dooshana* i.e. structural defect & functional impairment (*vyaapaara vypareetya*) of *grahani* (*grahani rupa naadi*) resulting in *Grahani roga*. According to modern medicine, the disorders of small intestine with repeated episodes of diarrhea alternate with constipation/formed stools associated with systemic features of malabsorption & Malnutrition can be considered as *Grahani roga*. The disease is *chirakari* in nature with early *amalakshanas* & late *Ojokshaya lakshanas*.

Key words: *Agni*, *grahani*, malabsorption.

INTRODUCTION: *Agni* represents the power of *paka* in the body. The basic entity of *agnis Jataragni* which regulates other *agnis* in the body. The harmony between *annavahasrotas* and *agnis* the prime factor behind health. Any improper functioning of *agni* will lead to health related issues in different systems in the body. *Grahani* is a disease which is closely associated with *Agni* and *ama*. Since *agnibala* & *Grahanibala* are mutually dependent, it is very important to deal them together in clinical diagnosis and management.

Concept of Grahani: The word *Grahani* can be understood in three ways i.e., *grahani avayava*, *grahanidosha* & *grahaniroga*.

A.Grahanivayava: This is the part of GIT present above the *nabhi*³, in between *Amashaya* & *Pakwashaya*, represents *pittadhara kala*⁵ & *sthana* for *agni*. It does the function of *annagrahana*, *dharana*, *pachana*, *vivechana* & *munchana* with the assistance of *Samana vata*⁵, *Pachaka pitta* & *Kledakapha*. So the whole small intestine is *Grahanivayava*.

B.Grahanidosha: Basically there are four types *agnis* in the universe. They are *Bhowma*, *Divya*, *Aoudarya*, *Aakara*. Among these, *Aoudarya agni* is present inside the body (*udara*) where as other three are external sources of *agni*. By the equilibrium of *tridoshas*, *Antaragni/Jataragni* will be in normal status which is called *Samagni*, the digestion by which maintains the health & strength of the body because "*Agnimoolambalampumsam*". Any deviation from the status of *Samagni*, *Mandagni*, *Teekshnagni* & *Vishamagni* are called as *Grahani dosha*³. They are the root cause for all *Kaphaja*, *Pittaja*, *Vataja* disorders⁴ respectively. There are two more variants of *agni*, the *agni* which could not digest the food though in excess quantity, improperly cooked, heavy, even with day sleep is called *Uttamagni*³, which is stronger than *Teekshnagni*. Excessively vitiated *Pitta* with the influence of *Vata* & depletion of *kapha* leads to *Atyagni*³. This is still stronger than *Uttamagni*, not only digests the food but also starts digesting the

Dhatu eventually leads to death if not treated. So these *Grahanidoshas* (abnormal status of *agni*) by producing *Ama* are responsible for localized diseases of GIT & generalized diseases of the body. In *Nijavyadhis*, *agnigets* vitiated first & *doshas* later, whereas in *agantujavyadhis* *doshas* gets vitiated first *agnilater*, so there is no disease in which *Jataragni* is not vitiated. With these view *Chikitsa* is defined as treatment of *agni*³.

C.GrahaniRoga :Strength of *Grahani* depends upon strength of *agni* present in *Grahani*. The impairment of *agni* leads to *dooshana*⁴ i.e. structural defect & functional impairment (*vyaapaaravypareetya*) of *grahani* (*grahanirupanaadi*) resulting in *Grahaniroga*. *Grahaniroga* can develop independently by factors responsible for vitiation of *agni* or may depend on *Atisara*, debilitating chronic systemic disorders (*vyadhikarshana*), iatrogenic factors like faulty administration of *Snehana*, *Vamana*, *Virecana*.³

Grahanidosha can also develop due to the intake of *garavisha*.³ *Charaka* even explains the manifestation of *grahaniroga* by *samanavritapranavata*.³ *Grahanipradosha* is considered as one of the condition caused by *udavarta*.³ *Arshas*, *Atisara*, *Grahani* are “*parasparahetavaha*” disorders³ because, these disorders come under control when *agni* functions normally & aggravates with its hypo functioning. Apart from *aharaja* factors, *manasika* factors like *chinta* (worries), *bhaya* (fear), *krodha* (anger) etc also play a role in the causation of impaired digestion in turn *ajeerna*.⁵ This will explain the aggravation or precipitation of features in IBS.

We find reference of *amlapitta* in *Madhavanidana* but not in *charaka* &

sushrutasamhita. If we analyze properly we can consider *urdhwagaamlapitta* as *vidagdhaajeerna* and *adhogaamlapitta* as *pittajagrahani*.

In *grahaniagnimandya* develops due to either or all *tridoshas*. The excessively vitiated *Vata* causes *Mandagnias* highly blowing wind extinguishes the fire (though slowly moving air increases the strength of fire). *Agni* is suppressed by *drava* quality of *pitta* though is *ushna*, as hot water can able to extinguish the fire. As already known, *Kapha* by virtue of *guru*, *manda*, *snigdha* & *sheeta* qualities leads to *mandagni*. *Mandagni* delays the digestion of food. This undigested food undergoes *shuktapaka* & forms *Amavisha*. There will be impairment of structure & functions of *grahani*. Patients develop *lakshanas* both at GIT level & different *dhatu* level producing *grahaniroga*. At this stage, if *agni* is not taken care, structural & functional defect of *Grahani* is not corrected by *shodhana*, *shamana*, *vyadhihararasayanans*, the *samprapthi* progresses, disease worsens & becomes *chirakarii* i.e. chronic for years together. In this condition, patient presents with frequent passage of loose stools alternate with formed stools for no apparent reasons.⁵ The unformed or loose stools are due to morbid *pitta* & *kaphadoshas* whereas formed stools are due to morbid *vata*.² This is due to *sangha* & *atiprvritti* in *purishavahashrotas*. Blood tinged stool is possible in *saraktaatisara* but not a symptom of *grahani*. *Diaorrhea* develops due to osmotic load resulting from malabsorption & increased secretion of fluid from intestine triggered by bacterial action over undigested food or fat which releases hydroxy fatty acid. Stools may be *ama*, *pakwa*, *Pooti* (putrid), *Shuska*, *tanu*

etc. Pain abdomen, gurgling sounds, flatulence develops due to *pratilomagati of Vata* in *kosta*. These features result from bacterial fermentation over undigested & unabsorbed food releases hydrogen sulphide, methane, carbon dioxide.

Kara padashotha (Oedema) by hypoalbuminemia is due to protein malabsorption or protein losing enteropathies. *Pandu, balakshaya, klama, brama, karnakshweda*, are all due to malabsorption of nutrients like iron, vitamin B12, Folic acid. *Asthiparvaruk* (bone pain) is due to malabsorption of vitamin D & Calcium or can be enteropathic arthritis/reactive arthritis. *Timira* may be due to Vitamin A malabsorption. In total malnutrition due to malabsorption makes the patient to lose weight which explains the feature *krishata in grahani*. *Ojokshaya* can also be a feature of *grahani* because *atimalapravritti* is one among the causes of *Ojokshaya*.³

Features like *shula(ruk), jwara & shotha* are due to *vata, pitta & kapha* respectively. *Tiktaamlaudgarais* due to delayed digestion & *vidahapaka of anna, chardi* is due to *vimargagamana*. Blood tinged vomitus is possible in *chardi/amlapitta* disease but metallic smell of vomitus indicates *grahani*.

The remissions & exacerbations of GIT features may develop once in a month, 15 days, 10 days or even daily, where in features are seen in the day & patient feels free at night. At this stage *Sangrahagrahani*, prognosis becomes very poor. So *acharyas* have considered *Grahani as Durvigneya* (difficult to understand), *Dushchikitsya* (difficult to treat), *chirakari* (chronic) & *Mahagada*.¹

Modern perspective: According to modern medicine, the Structural or functional disorders of intestine with repeated epi-

sodes of diarrhea alternate with constipation/formed stools associated with systemic feature of malabsorption & Malnutrition can be considered as *Grahaniroga*. To mention some are Irritable bowel syndrome, Crohn's disease, Short bowel syndrome, Coeliac sprue, Tropical sprue, Stagnant loop syndrome, Lactose intolerance, Exocrine pancreatic insufficiency, Protein losing enteropathies, Whipple's disease, Intestinal lymphangiectasia, Radiation induced enteritis. Even carcinoma/Carcinoid syndrome of small intestine presenting with diarrhea alternate with constipation/formed stools associated with systemic feature of malabsorption & Malnutrition can also be considered as *Grahani* because in *Madhavanidana*, it is said that *Grahani* in old age is *asadhya* & he has also explained it with exaggeration that *Grahaniroga* in old age does not subside even after death.¹

Laboratory tests⁶: Initial tests followed by specific tests are essential either to diagnose or to exclude the disorders and to know the specific deficiency status or complications.

Stool examination: Multiple stool tests are done to evaluate the condition. Routine stool microscopy & stool culture in specific will rule out infections such as ova, parasites, giardia, amoebiasis. Presence of WBC's is seen in inflammatory intestinal disorder. Presence of fecal fat can occur in small intestinal bacterial overgrowth, chronic pancreatitis, Crohn's disease, celiac disease. Fecal occult blood test is positive in Whipple's disease, Crohn's disease, bleeding ulcers, colon cancer.

Blood tests: Complete blood count (CBC), ESR, CRP (C-Reactive Protein) help to detect inflammation and infection in the

intestine. Peripheral smear study, Iron panel tests, Prothrombine time (PT), levels of vitamin B12, folic acid, vitamin D, vitamin A are done to detect specific deficiencies in malabsorption. Thyroid function tests will rule out thyroid disease in the causation. Blood levels of proteins, electrolytes, and organ function tests like renal function test & liver function test may need to be evaluated to understand the general health complications resulting from malabsorption.

The most common and sensitive test in the diagnosis of celiac disease is tissue Transglutaminase antibodies (tTG-IgA), though there is a risk of false positive with this test. In the diagnosis of Crohn's disease, the combination of positive ASCA (anti saccharomyces cerevisiae antibodies) and negative pANCA (perinuclear anti neutrophil cytoplasmic antibodies) are more specific. On the contrary the opposite combination has high specificity for ulcerative colitis. Patients with cystic fibrosis have positive sweat chloride test (2-5 times than normal). Non invasive tests like feacalelastase, chymotrypsin and serum trypsin are specific for chronic pancreatitis. Hydrogen breath tests are used to check lactose and sucrose intolerance, bacterial overgrowth in small intestine. Apart from these investigation abdominal ultrasound, Ileocolonoscopy with biopsies of colon & ileum, CT, MRI scan of abdomen may be necessary in some cases for diagnosis.

CONCLUSION: The word *Grahani* can be understood in three ways i.e. *grahani avayava*, *grahani dosha* & *grahani roga*. Any deviation from the status of *Samagnii.e. Mandagni, Teekshnagni & Vishamagniare* called as *Grahani dosha*. This impaired *agnileads* to *dooshana* i.e. structural defect & functional impairment

(*vyaapaara vypareetya*) of *grahani* (*grahani rupa naadi*) resulting in *Grahani roga*. According to modern medicine, the disorders of small intestine with repeated episodes of diarrhea alternate with constipation/formed stools associated with systemic features of malabsorption & Malnutrition can be considered as *Grahani roga*. The disease is *chirakari* in nature with early *amalakshanas* & late *Ojokshaya lakshanas*.

REFERENCES:

1. Brahmanant Tripathi, *MadhavaNidana*, Vol -1, Choukambha Surabharati Prakashan, Edition 2012, pp- 232-279
2. Hari Sadasiva Sastri Paradakara, *Ashtanga Hrudaya tika*, Choukambha Sanskrit sansthan, Repint 2012, pp - 496
3. Jadavji Trikamji Acharya, *Charak Samhita*, Choukambha Prakashana, Varanasi, Reprint edition 2011, pp-103-189
4. Jadavji Trikamji Acharya and Narayan Ram Acharya, *Susruta Samhita*, Choukambha Sanskrit Sansthan, Varanasi, Reprint edition 2012, pp- 154, 709-710
5. K.R. Srikanta Murthy, *Ashtanga Sangraha*, Vol -2, Choukambha Orientalia, Varanasi, Reprint edition 2012, pp- 64-195
6. Naveen Chandra N.H., Text book on Clinical Biochemistry and Haematology, Published by the Author, SDM College of Ayurveda, Kuthpady, Udipi, First impression 2015, pp no. 163-260

Corresponding Author: Dr. Veena. G. Rao, Professor, Dept of Panchakarma, JSS ayurved Medical College lalithadripura road Alanahalli. Mysore, Karanataka, India. 570028. **Email:** drveenagrao@yahoo.in

Source of support: Nil

Conflict of interest: None

Declared