

Critical Analysis on Vatika Grahani W.S.R. to Irritable Bowel Syndrome

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ABSTRACT

Background: *Pittadharakala* situated between *Pakvasaya* & *Amasaya* is known as *Grahani*. *Agni* resides in the *Grahani*, Strength of *Grahani* is *Agni* hence when *Agni* is vitiated *Grahani* is also vitiated. The term *Grahani* as a disease entity specifically used for the ailment *Grahanigada*, which manifest due to malfunctioning of *Grahani*. *Grahanidosha* refers to diseases located in *Grahani*. **Aims and objective:** To critically analyze *Vatika Grahani* and Irritable Bowel Syndrome. **Materials and Methods:** Ayurvedic classics were scrutinized regarding the reference for *Grahani*. Other research journals, papers related to *Grahani* are also explored along with Irritable Bowel Syndrome as per modern correlation. Later, supportive correlation and reliable hypothesis are made regarding *Vatika Grahani* and Irritable Bowel Syndrome. **Discussion and Conclusion:** *Grahani* is disease of *Annavaaha srotas* related to *Agni* and lifestyle. Normally, it restrains the downward movement of undigested food and after the digestion it releases the food through its lumen. In the abnormal condition, when it gets vitiated because of weakness of *Agni* (Power of digestion) it releases the food in undigested form only. *Grahani Dosha* refers to diseases located in *Grahani*. Symptoms of *Vataja Grahani* and Irritable Bowel Syndrome have similarities, thus can be correlated. They are mainly treated by *Agnivardhaka* drugs with *Deepana* and *Pachana* properties along with *Medhya* drugs. Irritable Bowel Syndrome (IBS) is a functional disorder of the intestine characterized by alteration of the bowel habits and abdominal pain. There is no morphologic, histologic, microbiologic or biochemical abnormalities in IBS. Changes in gut motility are observed in several studies though they poorly correlate with the symptoms. Emotional stress is seen to aggravate the motility disorder thus, a one-size-fits-all approach to treatment is inappropriate for most patients.

How to cite this paper: V M Arya | P T Parvana | Kamath Nagaraj "Critical Analysis on Vatika Grahani W.S.R. to Irritable Bowel Syndrome" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-3, June 2023, pp.18-20, URL: www.ijtsrd.com/papers/ijtsrd56294.pdf



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KEYWORDS: *Vatika Grahani*, *Agni*, *Irritable Bowel Syndrome*

INTRODUCTION

Grahani is the seat of *Agni* and is called so because of holding up the food. It is situated above umbilicus and is strengthened by the power of *Agni*. Normally it holds up the food (till it is digested) and releases it from the side after it is digested. *Grahani* refers to 4 types of *Grahani Roga* i.e. *Vataja*, *Pittaja*, *Kaphaja* and *Sannipathaja*.^[1] When the *Grahani* gets deranged by the excessively aggravated *Dosas* either single or by combination, expels frequently the ingested food in the undigested or digested form, *Muhurbadda* *Muhurdrava* (sometimes constipated and sometimes diarrhoea) accompanied with *Puti* (foul smell) and *Sula* (pain in the abdomen).^[2] Excessive fasting,

eating during indigestion, over eating, irregular eating, and that vitiate *Agni* create this disease. Excessive fasting, intake unsuitable, heavy and cold foods, contaminated food are the main etiological factors. Similarly, faulty administration of emesis, purgation, medicated enema, suppression of natural urges also cause this disease. Also if the diarrhoea is not properly treated, and the person starts eating improper diet without digestive fire, this disease is created. The disease originates due to *Agnimandya*, its main site is small intestine and the symptoms are observed in sites of *Samana* and *Apana Vata*.^[3] Thirst, lethargy, delayed digestion, heaviness in body,

anorexia, gas in abdomen and sometimes vomiting are the *Purvarupa* of *Grahani*.

The signs and symptoms of *Vataja Grahani* and Irritable Bowel Syndrome have similarities, thus can be correlated. When *Vata* is vitiated due to its own causes, food is digested slowly and hyperacidity is produced. Dryness in throat and mouth, thirst, blurred vision, tinnitus, cardiac pain, emaciation, debility and abnormal taste in mouth is produced. Patient also suffers from hunger, greed for every type of food, lassitude, tympanitis during and after digestion which subsides after taking meal. There is suspicion of symptoms like *Vataja gulma*, heart disease or splenomegaly. Such patient passes stools, which are liquid or dry with undigested food and suffers from cough and asthma.^[4] The symptoms of *Sadhya* and *Asadhya* are the same as in *Atisara*. This disease is curable in children, curable with difficulty in the adults, and is almost incurable in old persons.

Aggravated *Doshas* that have vitiated *Grahani*, should be treated on the line of *Ajeerna* or indigestion. First herbs for increasing *Agni* should be use, and then detoxification of *Ama* should be carried out. This should be done as in the treatment of diarrhoea. For this examination of faeces should be done. In *Ama* stage, *Anulomana* or laxatives should be given. For this *Aragvadhya*, *Draksha* and *Trivrit* are best herbs. In *Nirama* stage, using *Grahi* herbs and giving strength to the *Grahani* organ is important. In case of *Vataja Grahani* after detoxification of *Ama*, ghee medicated with spices like *Trikatu* should be given. Then oleation, fomentation should be done followed by decoction enema. When *Vata* is properly alleviated, mild purgation should be done by giving *Erenda taila* or *Tilvaka ghrita*. Buttermilk is efficacious in *Grahani* due to appetizing nature, astringency and lightness. Because of sweet *Vipaka*, it does not vitiate *Pitta*, is wholesome in *Kapha* due to astringent, hot, *Vikasi* and rough properties and in *Vata* due to sweet, sour, and viscous in nature.^[5]

It is found that *Vatika Grahani* shares similar signs and symptoms with Irritable Bowel Syndrome (IBS). Irritable Bowel Syndrome (IBS) is a functional bowel disorder in which abdominal pain is associated with defecation or a change in bowel habit with features of disordered defecation and distension. IBS is the most common cause of gastrointestinal referral and accounts for frequent absenteeism from work and impaired quality of life. Young, white women are most often affected. There is wide overlap with functional dyspepsia, chronic fatigue syndrome, dysmenorrhea and urinary frequency. Irritable bowel syndrome encompasses a wide range of symptoms and a single cause is unlikely. It is generally believed

that most patients develop symptoms in response to psychological factors, altered gastrointestinal motility, altered visceral sensation or luminal factors. About 50% of patients meet criteria for a psychiatric diagnosis. A range of disturbances are identified, including anxiety, depression, somatisation and neurosis. Panic attacks are also common. Acute psychological stress and overt Psychiatric disease are known to alter gastrointestinal mobility in both irritable bowel patients and healthy people. A range of motility disorders are found but none is diagnostic. Patients with diarrhoea as a predominant symptom exhibit clusters of rapid jejunal contraction waves, rapid intestinal sit and an increased number of fast and propagated colonic contractions. Those who are predominantly constipated have decreased oro-caecal transit and a reduced number of high-amplitude, propagated colonic contraction waves. Some patients develop irritable bowel syndrome following an episode of gastroenteritis, while others may be intolerant of specific dietary components, particularly dairy products and wheat.

The most common presentation is that of abdominal pain. This is usually colicky or 'cramping', is felt in the lower abdomen and is relieved by defecation. Abdominal bloating worsens throughout the day; the cause is unknown but it is not due to excessive intestinal gas. The bowel habit is variable. Most patients alternate between episodes of diarrhoea and constipation but it is useful to classify patients having predominantly constipation or predominantly diarrhoea. The constipated type tends to pass infrequent pelleted stools, usually in association with abdominal pain or proctalgia. Those with diarrhoea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms. Passage of mucus is common but rectal bleeding does not occur. Despite apparently severe symptoms, patients do not lose weight and are constitutionally well. Many have other 'functional' symptoms including dyspepsia, urinary frequency headaches, backache and chronic fatigue syndrome. Physical examination does not reveal any abnormalities, although abdominal bloating and variable tenderness to palpation are common.

A positive diagnosis can confidently be made in patients under the age of 40 years without resort to complicated tests. Full blood count, ESR and sigmoidoscopy are usually done routinely, but barium enema or colonoscopy should only be undertaken in older patients to exclude colorectal cancer. Those who present atypically require investigations to exclude organic gastrointestinal disease. Diarrhoea-predominant patients justify investigations to exclude

microscopic colitis, lactose intolerance, and bile acid malabsorption. All patients who give a history of rectal bleeding usually undergo colonoscopy or barium enema to exclude colonic cancer or inflammatory bowel disease.^[6]

Management of IBS includes- explanation and reassurance i.e. physiological explanation based on concept of 'spasm' of bowel. Reaction of the gut can be equated to reaction to emotion, hence as a treatment reassurance regarding absence of organic disease is explained. Specific therapy is given according to the predominant complain of the patient. Dietary fibre supplementations are given with bulking agents such as coarse wheat bran or isaphgula husk in gradually increasing amount. Antispasmodics like Mebeverine or Pinaverium bromide are given. Antidiarrhoeal agents such as Loperamide, codein (long- term use may produce addiction) or diphenoxylate are given if frequent loose stools present. Antidepressants are given in patients with anxiety provoked symptoms. If no response to conventional therapy then non-drug treatment are given which includes elimination of diets when diarrhoea is predominant symptom in a well-motivated subject, relaxation techniques for stress management, psychotherapy, and hypnotherapy.^[7]

AIMS AND OBJECTIVE:

To critically analyze *Vatika Grahani* and Irritable Bowel Syndrome.

MATERIALS AND METHODS:

Ayurvedic classics were scrutinized regarding the reference for *Grahani*. Other research journals, papers related to *Grahani* are also explored along with Irritable Bowel Syndrome as per modern correlation. Later, supportive correlation and reliable hypothesis are made regarding *Vatika Grahani* and Irritable Bowel Syndrome.

DISCUSSION

Grahani is disease of *Annavaha srotas* due to abnormal *Agni* and lifestyle. Normally, it restrains the downward movement of undigested food and after the digestion it releases the food through its lumen. In the abnormal condition, when it gets vitiated because of weakness of *Agni* (Power of digestion) it releases the food in undigested form only. *Grahani Dosha* refers to diseases located in *Grahani* refers to 4 types of *Grahani Roga* i.e. *Vataja*, *Pittaja*, *Kaphaja* and *Sannipathaja*. And the signs and symptoms of *Vataja Grahani* and Irritable Bowel Syndrome have similarities. Irritable Bowel Syndrome (IBS) is a functional disorder of the intestine characterized by alteration of the bowel habits and abdominal pain. There is no morphologic, histologic, microbiologic or

biochemical abnormalities in IBS. Changes in gut motility are observed in several studies though they poorly correlate with the symptoms.

Muhurbadda Muhurdrava which can be correlated with constipated and diarrhoeal type of IBS, *Puti* with foul smelling stool, *Sula* with pain in the abdomen, *Trusna* with dryness of throat and mouth; thus can be correlated. They are mainly treated by *Agnivardhaka* drugs with *Deepana* and *Pachana* properties along with *Medhya* drugs. Emotional stress is seen to aggravate the motility disorder. Administration of *Medhya Dravyas* might have given for stress management. Thus, a one-size-fits-all approach to treatment is inappropriate for most patients.

CONCLUSION

The disease in which *Grahani* or small intestine gets vitiated and there is impairment of *Agni* is called as *Grahani*. Hence in this disease the functions of small intestine are disturbed. *Vatika Grahani* is having similar signs and symptoms as that of Irritable Bowel Syndrome such as *Muhurbadda Muhurdrava* which can be correlated with constipated and diarrhoeal type of IBS, *Puti* with foul smelling stool, *Sula* with pain in the abdomen, *Trusna* with dryness of throat and mouth. Thus both can be correlated and treated accordingly.

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