



Case Study

MANAGEMENT OF VATAJA GRAHANI WITH TAKRA BASTI - A CASE STUDY

Arun G Nair^{1*}, Roopa Bhat²

*1PG Scholar, ²Professor & HOD, Department of Kayachikitsa, Dhanvantari Ayurveda Medical College, Hospital and Research Centre, Siddapur, Karnataka, India.

Article info

Article History:

Received: 01-05-2023

Revised: 20-05-2023

Accepted: 11-06-2023

KEYWORDS:

Grahani, Irritable Bowel Syndrome (IBS), *Agni*, *Takra basti*, Ayurveda.

ABSTRACT

The fast evolving present era is not only upfront in case of technological developments but also been in top for the manifestation of lifestyle disorders. The origin of almost all the diseases start basically from the food habits itself. The alterations in the gastro - intestinal system will later lead to the development of wide spectrum of diseases. Irritable Bowel Syndrome (IBS) is one among the common gastrointestinal functional disorders that affects millions of people worldwide. IBS is characterised by a complex group of symptoms including abdominal pain or bloating, diarrhoea and constipation, which can affect the quality of life of an individual Called *Grahani* in Ayurveda. The symptomatologies explained in IBS had been explained under a spectrum of diseases called *Grahani*. *Grahani*, according to Ayurvedic classics, is caused by the imbalance of *Agni* or digestive fire, which leads to the imbalance in the digestion metabolism. *Grahani* can be effectively treated through the combination of dietary and life style modifications along with Ayurvedic medicines and therapies. The treatment aims nothing but to balance the digestive fire as well as to remove toxins from the body in order to restore proper digestion as well as overall health. *Takra basti* is known to have a very good efficacy in the management of *Grahani roga*. A successfully treated *Grahani* case using *Takra basti* and *Shamana oushadhi's* will be discussed in this article.

INTRODUCTION

Ayurveda has its unique concept of *Trayopastambha*^[1] which are *Ahara*, *Nidra* and *Brahmacharya* which is an aid for the balance of *Tridosha's*. According to Ayurveda, the growth, nourishment, procreation, and dissolution of living beings are all the result of food consumed^[2]. Ayurveda emphasises the importance of *Ahara* by a reference which says that all the things that help to lead a quality life such as strength, intellect, complexion, cheerfulness, good voice, happiness, contentment, intellect etc are dependent on *Ahara*^[3]. *Acharya Kashyapa* even considered *Ahara* as *Mahabhaishajya* as it is the one thing that promotes health in both diseased and normal people^[4].

If this *Ahara* is not proper in terms of quantity or quality, it will eventually lead to the manifestation of various diseases. *Grahani* is the structural seat of *Agni* which retains the food until it is fully digested and then passes it into the *Pakvashaya*^[5]. The *Tridoshaja* disorder of digestive system which is due to the vitiation of *Pachaka pitta*, *Samana Vayu* and *Kledaka Kapha*, in which there will be impairment of *Agni*, which eventually vitiates the structure *Grahani* is called as *Grahani roga*^[6].

Irritable Bowel Syndrome (IBS) is a functional disorder that is common in almost all parts of the world. The exact cause of IBS is not understood till now, but several factors such as stress, diet and hormonal changes may sometimes trigger or worsen the symptoms. The symptoms commonly encountered include abdominal pain or discomfort, bloating, diarrhoea, constipation etc. The prevalence of IBS all over the world is estimated to be 11.2% whereas in India, it is estimated to be between 4.2% to 7.7%^[7]. The symptomatologies of IBS mimics the symptoms explained in *Grahani*. The treatment explained in Ayurvedic classics effectively manages the symptoms

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v10i3.1265>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

mentioned above. A successfully treated case of *Grahani* will be discussed here in this article.

Case Report

Presenting Complaints

A 21 year old male patient who was pursuing his undergraduation without any comorbidities, came to Kayachikitsa OPD of Dhanvantari Ayurveda Medical College, Hospital and Research Centre, Siddapur, with the presenting complaints of passage of loose stools just after taking food which was alternating with constipation since 6 months.

Associated Complaints

This was associated with passing blood and mucus along with stools occasionally since 6 months. Also patient noticed intermittent onset of pain in abdomen and lately loss of interest in taking food since 3 months.

History of Presenting Illness

Patient was apparently normal before 6 months. Then gradually, he started developing difficulty in passing stools at first which was associated with abdominal pain and abdominal distension. There after few days, this difficulty in passing stools was alternating with passage of loose stools and occasionally patient was also passing blood and mucus along with the stools.

Treatment History

For the above mentioned complaints, the patient had consulted a general physician, 2 months back, who advised him to take an antacid (pantacid), probiotic (derolac) and an antibiotic (rifagut) for 2 weeks by which no significant changes in symptoms were noticed.

Personal History

Diet- Vegetarian

Appetite- Good

Bowel- Alternative constipation and loose stools since 6 months.

Bladder- 1-2 times a day, no burning micturition

Sleep- Undisturbed 9-10 hours of sleep at night, no day sleep

Habits- Eats oily, fried foods and dairy products regularly

Clinical Examination

1. General Examination

General Appearance: Fair

Built: Hyposthenic

Nourishment: Poor

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Koilonychia: Absent

Lymphadenopathy: Absent

Odema: Absent

Vitals

BP - 120/80 mm of Hg

PR - 80b/m

Temp - 97.8°F

SPO2 - 98%

Weight - 40kgs

Height -140cms

Ashtasthana Pareeksha

Nadi - 80b/m

Mutra - 1-2times/day

Mala - Alternate hard and loose stools

Jihwa - *Aliptha*

Shabdha - *Prakruta*

Sparsha - *Anushna Sheeta*

Druk - *Prakruta*

Akruthi - *Krishha*

Dashavidha Pareeksha

Prakruti - *Vata* - *Pittaja*

Vikruti - *Pitta pradhana Tridosha*

Sara - *Madhyama sara*

Samhanana - *Asamhata*

Pramana - *Madhyama*

Satmya - *Madhura pradhana Shadrasa*

Satva - *Avara Satva*

Ahara Shakti - *Madhyama*

Vyayama Shakti - *Madhyama*

Vaya - *Yuva*

Systemic Examination

1. Respiratory System: NVBS heard, no added sounds
2. Cardio Vascular System: S1 and S2 heard, no cardiac Murmurs
3. Central Nervous System: Conscious and well oriented to time, place and person
4. Gastrointestinal System: P/A - soft and non-tender

No Organomegaly

Borborygmus Present

Diagnostic Criteria

The case was diagnosed as *Vataja Grahani* based on the presence of symptoms explained in our classics^[8]. The case was diagnosed as Irritable Bowel Syndrome using Rome IV Criteria as well as Manning's criteria^[9] and both *Grahani* as well as IBS had some sort of similarities in the symptomatologies manifested. Hence, line of treatment explained in *Grahani* was adopted here.

Rome IV Criteria

Recurrent abdominal pain on average atleast 1 day/week in the last 3 months, associated with two or more of the following criteria	Criteria satisfied by the patient
1. Related to defecation	✓
2. Associated with a change in the frequency of stool	✓
3. Associated with a change in the form (appearance) of stool	✓

Manning's Criteria

Manning Criteria	Criteria satisfied by the patient
Looser Stools at pain onset	✓
More frequent stools at pain onset	✓
Pain relief with defecation	
Visible abdominal distension	✓
Mucus per rectum	✓
Feeling of incomplete evacuation	✓

Treatment Adopted Here

The treatment planned here was *Yoga basti*. *Anuvasana basti* was given with *Grahanyanthaka Ghrita* and *Niruha basti* was given as *Takra basti* which was followed by *Shamana oushadhi's* for a period of 1 month and patient was advised lifestyle as well as dietary modifications.

1. **Anuvasana Basti** - *Grahanyanthaka Ghrita* (80ml)

2. **Niruha Basti - Takra Basti** prepared with:

Madhu - 15ml

Saindhava Lavana - 15ml

Grahanyanthaka Ghrita - 70ml

Shatapushpa Churna - 10gms

Takra - 500ml



Shamana Oushadhi's prescribed were:

Tab. *Koshtasanjeevani* 1TID for 15 days

Mustakarishtha 1tsp TID for 1 month

Panchamrita Parpati + *Pravala Bhasma* + *Guduchi Satva* 125mg BD for 15 days.

Assessment of Subjective Parameters

Symptoms (Parameters)	Before Treatment	After Treatment	
		After 15 days	After 30 days
Frequency of defecation	8 - 10 times/day	4 - 6 times/day	1- 2 times/ day
Defecation after meal	Present	Occasionally	Very rarely
<i>Aruchi</i>	Present	Absent	Absent
Stool with mucus and blood	Present	Occasionally	Absent
Abdominal pain	Moderate	Mild	Absent
Feeling of incomplete evacuation	Present	Mild	Absent

RESULT

There were significant improvements noticed in the symptoms after the treatment was given to the patient and majority of the symptoms improved after finishing the follow up medicines for one month and now the patient is absolutely fine, leading a quality life.

DISCUSSION**Role of Modern Diagnostic Criteria's in Grahani**

The criteria's for diagnosis of IBS have been updated timely by the contemporary medical fraternity. The two of the most valued criteria's for IBS diagnosis are Rome IV and Manning's criteria. If we analyse these criteria's deeply, we can infer that these

criteria's cover most of the symptomatologies of *Grahani Roga* such as *Muhurbadha muhurdrava mala pravrutti* etc. Hence, if we understand IBS as nothing but *Grahani Roga* in the classics, we can easily manage it in a very good manner.

Role of *Takra Basti* in *Grahani*

Since *Takra* possesses *Deepana, Grahi* and *Laghu guna's*, it is highlighted as the best *Oushadhi dravya* in the management of *Grahani roga* by almost all the classical textbooks of Ayurveda^[10]. *Acharya Charaka* explains *Takra* as *Basti dravya* under *Amlaskanda* which is one among *Shad Asthapana Skanda*^[11,12]. *Acharya Susruta* has mentioned *Takra* as *Avapa dravya* for *Grahi basti*^[13]. *Basti chikitsa* is one of the *Shodhana chikitsa* which is explained in *Panchakarma* which possesses evacuatory, nourishing as well as *Deepana* qualities^[14]. Along with this, *Basti karma* is considered to be superior among *Panchakarma* due to its wide applicability in various conditions in various forms. Hence, *Takra basti* which is also classically mentioned in the *Chikitsa* of *Grahani*^[15] gives very good relief in its symptoms.

Grahanyanthaka Ghrita for *Anuvasana Basti*

Grahanyanthaka Ghrita is a formulation mentioned in *Sahasrayogam Ghrita Prakarna* which includes *Patha, Chavya, Shunti, Hingu, Sarjakshara* etc and it is having *Vata Pittahara guna* and is good in mitigating the gastro intestinal symptoms of *Grahani* upto an extent^[16].

Shatapushpa Churna as *Kalka*

Shatapushpa Churna (*Anethum sowa*) -reported to have antimicrobial, antibacterial, anti-inflammatory, anti hyperlipidemic, anti-hypercholesterolaemic activities. Fruits of plant are reported to have antispasmodic effect on smooth muscles of GIT.

Logical Reasoning for the Selection of *Shamana Ousadhi's*

Tab. *Koshta sanjeevani*

Koshta Sanjeevani tablet is a proprietary medicine manufactured by the pavman pharmaceuticals Bijapur, Karnataka. The ingredients include *Abhraka bhasma, Kajjali, Hingu, Ajamoda, Bhringaraja* and other drugs with *Deepana and Pachana* properties. This formulation mainly corrects *Vata* and *Pitta dosha's* and relieves indigestion generated symptoms like abdominal distension, pain etc. Since, in *Grahani*, all the *Tridosha's* are involved, this medicine acts well to relieve symptoms.

Mustakarishtha

Musta (*Cyperus rotundus*) has *Katu, Tikta* and *Kashaya Rasa's, Laghu* and *Ruksha guna's, Sheeta Virya* and *Katu Vipaka*. It is having *Kapha pittahara guna's, Deepana, Pachana, Grahi, Jwarahara, Atisaraghna,*

Kanduhara, Vranashodhana and *Ropana* properties^[17-20]. *Cyperus rotundus* has the properties of antimicrobial activity, anti-laceration/ulcer activity, analgesic activity, anti-inflammatory activity, anti-diarrhoeal activity, antipyretic activity due to the presence of the chemical constituents such as flavonoid, tannin, triterpenoids, sesquiterpenes, cyperolone, cyperone, copaene, cyperene, cyperenone^[21].

Panchamrita Parpati, Pravala Bhasma and *Guduchi Satva*

Panchamrita Parpati

Grahani manifests mainly because of *Mandagni* and hence, the restoration of *Agni* is the main focus on the treatment of *Grahani*. The process of *Parpati* preparation is a *Samskara* provided through *Agni*. The properties responsible for increasing appetite such as *Ushna* and *Deepana guna's* are all derived from this *Agni*. Due to the *Ushna guna, Vata shamana* happens, as a result of which the *Atipravrutti* of *Mala* stops, which is the main symptom of *Grahani*. By virtue of its *Deepana, Pachana* as well as *Ushna guna's*, the intestinal ducts gets opened and proper absorption of *Rasa dhatu* occurs which will eventually relieve the associated symptoms of *Grahani* such as *Pandu, Gulma, Udara* etc. Along with this the *Grahi guna* of *Parpati* also helps in the proper absorption of iron etc and provides strength to the patients along with relief of associated symptoms.

Pravala Bhasma

Pravala Bhasma is having *Deepana* and *Pachana* properties^[22] and it maintains the normalcy of *Agni*. Due to *Sheetha veerya*, it does *Pitta Shamana*. *Pravala bhasma* is also useful in relieving the burning sensation as well as dyspepsia^[23] and hence can be a better choice with the combination of other drugs in *Grahani*.

Guduchi Satva

Guduchi Satva used has *Tridoshashamaka, Deepaniya, Grahi, Rasayana* properties and hence was used in the management of this case. It acts as a rejuvenator, useful in irritable bowel syndrome, cures skin disease, urinary tract infection, jaundice^[24]. By virtue of the *Vata pittahara* properties of *Guduchi*, the corresponding *Doshaja* symptoms gets corrected upto an extent by the use of *Guduchi Satva* in *Grahani* management.

CONCLUSION

The usage of *Takra basti* clubbed with proper *Shamana Ousadhi's* provided a very satisfactory result in the managements of all the presenting complaints in the above discussed *Grahani* case. Its effect can be ascertained only if the study is conducted in larger number of cases. This treatment protocol could be

explored further on larger sample and standardisation of this treatment modality can be established which will be helpful in many ways to doctors as well as patients suffering from *Grahani*.

ACKNOWLEDGEMENT

We are thankful to the subject for providing his consent to publish the details of the case in this journal without any hesitancy.

REFERENCES

1. Agnivesha, Charaka Samhita, Ayurveda Deepikatika of Chakrapani, Chaukhamba Surbharati Prakashan Varanasi, edition Sutra Sthana 11th chapter, 2011; 35(738): 74.
2. Murthy Srikanta KR. Susrutha Samhita. Sutra Sthana 46/3. Varanasi, India: Chaukhamba Orientalia; 2012. p. 370.
3. Trikamji Y. Charaka Samhita. Sutra Sthana 27/349-350. Varanasi, India: Chaukhamba Sanskrit Sansthan; 2011. p. 174.
4. Tewari PV. Kashyapa Samhita. Khila Sthana 4/3-6. Varanasi, India: Chaukhamba Visvabharati; 2016. p. 468.
5. Kashinath Shastri; Charak Samhita; Chikitsa Sthana; 15/51-52; Vol-1; Varanasi; Chaukhamba Bharti Academy; 2011; Page no-461
6. Vidyotini hindi commentary by Kaviraj Atridev Gupta edited by VaidyaYadunandana Upadhyaya; Astang Hrdayam of Vagbhata; Sutra Sthana; 12/8; Reprint 2012; Varansi; Chaukhamba prakashan; page no-121.
7. Shrivastava Yogita, Avadhesh Kumar, Shailendra Kumar Singh. Ayurvedic Review of Grahani w.s.r to IBS. World Journal of Pharmaceutical and Medical Research. 2021, 7(4), 138-143
8. Kashinath Shastri; Charak Samhita; Chikitsa Sthana; 15/59-64; Vol-1; Varanasi; Chaukhamba Bharti Academy; 2011; Page no-472.
9. Shrivastava Yogita, Avadhesh Kumar, Shailendra Kumar Singh. Ayurvedic Review of Grahani w.s.r to IBS. World Journal of Pharmaceutical and Medical Research. 2021, 7(4), 138-143
10. Kashinath Shastri; Charak Samhita; Chikitsa Sthana; 15/117- 120; Vol-1; Varanasi; Chaukhamba Bharti Academy; 2011;
11. Kashinath Shastri; Charak Samhita; Sidhi Sthana; 10/44, 45; Vol-2; Varanasi; Chaukhamba Bharti Academy; 2011;
12. Kashinath Shastri; Charak Samhita; Vimana Sthana; 8/140; Vol-2; Varanasi; Chaukhamba Bharti Academy; 2011;
13. Murthy Srikanta KR. Susrutha Samhita. Chikitsa Sthana 38/87. Varanasi, India: Chaukhamba Orientalia; 2012.
14. Kashinath Shastri; Charak Samhita; Sidhi Sthana; 1/27; Vol-1; Varanasi; Chaukhamba Bharti Academy; 2011;
15. Murthy Srikanta KR. Susrutha Samhita. Uttara tantra 40/178. Varanasi, India: Chaukhamba Orientalia; 2012.
16. Dr. k Nishteshwar and Dr. R. vaidyanath, Sahasrayogam Text with English Translation, Chaukhamba orientalia, Varanasi. page .90.
17. Sastri K, editor. Caraka Samhita of Agnivesa, Sutrasthana. 5th ed., Vol. I. Varanasi: Chaukhamba Sanskrit Sansthan; 1997
18. Chuneekar KC, editor. Bhavaprakasa Nighantu of Sri Bhavamisra. 1st ed. Varanasi: Chaukhamba Bharati Academy; 2004. p. 63, 127 - 8, 243 - 4
19. Sastry JL. Dravyaguna Vijnana. 2nd ed., Vol. II. Varanasi: Chaukhamba Orientalia; 2005. p. 23 - 32, 551 - 7.
20. Acharya Vidyadhar Shukla & Prof. Ravidutt Tripathi (Author), Acharya Priy Vrata Sharma (Foreword) Charak Samhita (2 Vol.) - 1 January 2015 Hindi edition, chikitsastana 16th chapter/44-46
21. Kamala A, Middha SK, Karigar CS. Plants in traditional medicine with special reference to Cyperus rotundus L.: a review. 3 Biotech. 2018 Jul; 8(7):309
22. Kulkarni D. A. Rasaratna samuccaya, Meharchand Lachhmandas Publications, New Delhi. 4/14, (2006).
23. Mishra Siddhinandan, Editor Rasendrachuna Mani of Somdeva, Chaukhamba Orientalia: 2009, P200
24. Dr.J.L.N. Shastry, Dravyaguna Vijana, Vol 2, Chaukhamba Orientalia, Varanasi, Reprint - 2012, Pg. No 40, 41

*Address for correspondence

Dr. Arun G Nair

PG Scholar,

Department of Kayachikitsa
Dhanvantari Ayurveda Medical
College, Hospital and Research
Centre, Siddapur, Karnataka.
Ph: 7907056436
Email: arungnair9400@gmail.com

Cite this article as:

Arun G Nair, Roopa Bhat. Management of Vataja Grahani with Takra Basti - A Case Study. AYUSHDHARA, 2023;10(3):77-81.

<https://doi.org/10.47070/ayushdhara.v10i3.1265>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.