Grahani Roga - A Conceptual Study

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ABSTRACT:

The word Grahani can be understood in three ways i.e. grahani avayava, grahanidosha & grahaniroga. Any deviation from the status of Samagni i.e. Mandagni, Teekshnagni & Vishamagni are called as Grahani dosha. This impaired agni leads to dooshana i.e. structural defect & functional impairment (vyaapaara vyapareetya) 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, malabsortion.

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

B. Grahaniroga: Any deviation from the status of Samagni i.e. Mandagni, Teekshnagni & Vishamagni are called as Grahani dosha. They are the root cause for all Kaphaja, Pittaja, Vataja disorders respectively. There are two more variants of agni, the agni which could able to digest the food though in excess quantity, improperly cooked, heavy, even with day sleep is called Uttamagni, which is stronger than Teekshnagni. Excessively vitiated Pitta with the influence of Vata& depletion of kapha leads to Atyagni. 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,agni gets vitiated first &doshas later, whereas in agantujavyadhisdoshas gets vitiated first. So there is no disease in which Jataragniś not vitiated. With these view Chikitsa is defined as treatment of agni.

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

Grahanidosha can also develop due to the intake of garavisha. Charaka even explains the manifestation of grahaniroga by samanavritapranavata. Grahanipradosha is considered as one of the condition caused by udavarta. Arshas, Atisara, Grahani are “parasparahetavaha” disorders because, these disorders come under control when agni functions normally & aggravates with its hypo functioning. Apart from aharaja factors, manasika factors like chinta, bhaya, krodha etc also play a role in the causation of impaired digestion intur ajeeerna. 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 urdhwagamaamalapitta as vidagdhaajeeerna and adhogaamalapitta as pittajagrahani.

In grahaniaagnimandya develops due to either or all tridoshas. The excessively vitiated Vata causes Mandagniś highly blowing wind extinguishes the fire (though slowly moving air increases the strength of fire). Agni 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. Mandagnidelays 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 agniś not taken care, structural & functional defect of Grahani is not corrected by shodhana, shamana, vyadhihararasayanasa, the samprapthi progresses, disease worsens & becomes chirakariś.e. chronic for years together. In this condition, patient presents with frequent passage of loose stools alternate with formed stools for no apparent reasons. The unformed or loose stools are due to morbid pitta & kaphadoshas whereas formed stools are due to morbid vata. 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 hypoaalbuminemia is due to protein malabsorption or protein loosing enteropathies. *Pandu, balakshaya, klama, brama, karnakhsweda*, 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 grahami*. *Ojokshaya* can also be a feature of *grahani* because *atimalapravritti* is one among the causes of *Ojokshaya*. 

Features like *shula(ruk), jwara & shotha* are due to vata, pitta & kapha respectively. *Tiktaamlaudgara* is 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*.

**Modern perspective:** According to modern medicine, the Structural or functional disorders of intestine with repeated episodes 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, Crohns disease, Short bowel syndrome, Coeliac sprue, Tropical sprue, Stagnant loop syndrome, Lactose intolerance, Exocrine pancreatic insufficiency, Protein loosing 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.

**Laboratory tests:** 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 fecal elastase, 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. grahaṇi avayava, grahaṇi dosha & grahaṇi roga. Any deviation from the status of Samagnii.e. Mandagni, Teekshnagni & Vishamagniare called as Grahaṇi dosha. This impaired agnileads to dooshana i.e. structural defect & functional impairment (vyapaara vypareetya) of grahaṇi (grahani rupa naadi) resulting in Grahaṇi 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 Grahaṇi roga. The disease is chirakari in nature with early amalakshanas & late Ojokshaya lakshanas.

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