

ROLE OF GRAHANEESHTAKA IN VATAJ GRAHANI : A CASE REPORT

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ABSTRACT : Grahani is a common disorder of GIT system in the present era because of the improper food habits ,junk food, stressful lifestyle, etc. Grahani is also known as the Pittadhara Kala. A diagnosed case of Grahani is discussed here. In this case studied patient was administered first laghvaashan for 7 days, after that Grahaneeshtak. This Ayurvedic treatment showed highly significant results.

KEYWORDS : Vataj Grahani, Grahaneeshtak, Pittadhara Kala

INTRODUCTION : According to Ayurveda “Swastha” person has ‘Samaagni’ or ‘ Prakrut Agni’[1]. Agni has a very important role in the process of digestion. After taking meal, Agni (specially Jatharagni) converts Ahara Dravya (Food) into Ahara-rasa. This Ahar-ras convertes into Ras, Rakta, Mans, etc Dhatu respectively with the help of Dhatvagni and Bhutaagni. This process provides the Poshak ansh to the body for maintainance of life. [2]. Acharya Charak explains importance of Agni in Grahani Chikitsa, as Ayu (Life span), Varna(complexion), Bala(strength),Swasthya (health), Oja (Nutritious part of all Dhatu) , Upachaya (Body development), etc All these things depend on Agni i.e. body fire. A person lives long and free from disease if Agni works / functioning properly. On another way one dies if this Agni is extinguished, get ill if it is deranged, hence Agni is the root cause of all. [3].

CASE REPORT : A 35 years old female patient, was registered from Panchakarma OPD, SST's Ayurved College and Hospital, Sangamner in 2019 . the patient had complaints related to Vataja Grahani include Agnimandya, difficulty in digestion, dryness in throat and mouth, tinnitus, abdominal pain (Udarshool), anorexia(Aruchi), stool with mucus(Apakvamalapravrutti), altered bowel habit (Muhurbaddhamuhurdravyam) , for the last 8 months.

History of Present Illness :

The patient was quite well 9 months back. Since then she has been suffering from, abdominal pain, altered bowel habits, indigestion and tinnitus, There is no history of melena. The patient underwent treatment of many other doctors but could not get relief completely. Now patient approached us for further management.

History of the Patient :

The patient had the complaint of Hypertension 3 years back, patient is on treatment tab amlodipine 10 mg 1 OD.

GENERAL & SYSTEMATIC EXAMINATION :

Her pulse rate was recorded to 78/min, BP was 130/80 mmHg whereas the body temperature was recorded to 98.6 f. On systemic examination, no abnormality was detected in the gastrointestinal, respiratory, cardiovascular and nervous system. The prakriti of the patient was diagnosed as Vatapittaja while Nadi was Vaataadhikyatridoshaj. There was no complaint with regard to Mutra (urine) including frequency and colour. The mala (Stool) was sometimes mild constipated and sometimes loose stool with mucus and her Jivha (Tongue) was found to be Niram (uncoated).

Differential Diagnosis:

The diagnosis was confirmed on the basis of subjective symptoms, as told by the patient. Her blood investigations are given below:

INVESTIGATIONS :

Hb% -12.4 g/dL

ESR – 40 mm

BSL(R) – 110 g/dl

Samprapti Ghataka :

Dosha – vata Saman, apan, pachakpitta, kledaka kapha

Dushya – rasa

Agni - Jatharaagni

Srotas – Annavaha,

Srotodushti – Atipravritti

Adhishthan – Grahani

Rogamarga – Abhyantar

Study Design :

On the basis of symptoms, Grahaniashatak (cha.chi.15/77) was used as a treatment for the present case. In this case study, patient was administered first Laghvaashan for 7 days, and Pachan treatment. When the Aam is known as digested fully in the Grahani disorder caused by Vata, then Grahaniashatak was given to patient. In this, the physician prescribed ghee mixed with appetisers (dadimadi ghruta). When Agni is stimulated slightly but there is retention of stool, urine and flatus the patient was fomented and massaged and then subjected to Niruh for two days. Thus when Vayu is pacified and the impurity is loosened, the patient was purged with castor oil. When the patient was free from impurity, had rough viscera and was constipated, Anuvasan with Vata-reducing oil was administered to her in proper dose. After administrating Niruha, purgative and Anuvasan and giving light diet thereafter, the patient was advised to take ghee regularly.

The treatment was open labelled and the assessment of the patient was done on 8th day, 15th day and 30th day. The subjective assessment of the patient was done on the basis of signs

and symptoms of Grahani as described in classics. These symptoms were graded as 0, 1, 2, 3 for none, mild, moderate and severe, respectively.

Table no.1

Table Showing the grading for clinical features :

Agnimandya,	None 0	Mild 1	Moderate 2	Severe 3
difficulty in digestion,	None 0	Mild 1	Moderate 2	Severe 3
dryness in throat and mouth,	Normal 0	Take water frequently 1	Dryness , thirst increases 2	Excessive thirst, dryness 3
tinnitus,	None 0	occasionally 1	often 2	persistant 3
abdominal pain (Udarshool),	No pain 0	occasionally 1	often 2	persistant 3
anorexia(Aruchi),	Taking normal diet with interest 0	Not interesting in taking normal diet 1	Food has taken forcefully 2	Not taking food even forcefully 3
stool with mucus(Apakvama lapravruti),	No visible mucous in stool 0	Visible mucous stickled to the stool 1	Passage of mucous with frequent stool 2	Passage of large amount of mucous in stool 3
altered bowel habit (Muhurbaddhamu hurdravyam)	Passing normal consistency stool (1 time / day) 0	Passing stool irregular without pain (2-3 times/day) 1	Passing stool irregular with pain (2-3 times/day) 2	Passing stool irregular after taking water / meal 3

ORAL MEDICATIONS :

Shankhavati – 250 mg BD * 30 days (after taking food)

Chitrakadi vati – 250 mg BD * 30 days (Saman kal – after taking half food)

Abhaya Churna - 500 mg BD * 30 days (after taking food)

PANCHAKARMA PROCEDURES :

Snehapan – first 3-4 days → dadimadyaghrut 30 ml daily

Niruha – 2 days after snehpan → Dashmool, Triphala 480 ml

Anuloman - next day to Niruha → Erandtail 20 ml

Anuvasan – 2 days after anuloman → Tiltail 60 ml

PROGRESS OF PATIENT IN THREE FOLLOW-UP VISIT :

Table no 2.

Symptoms	BT	After 1st Followup(8th day)	After 2nd Followup(15th day)	After 3rd Followup(30th day)
Agnimandya,	2	0	0	0
difficulty in digestion,	2	0	0	0
dryness in throat and mouth,	3	2	0	0
tinnitus,	3	2	2	1
abdominal pain (Udarshool),	2	1	0	0
anorexia(Aruchi),	2	1	1	0
stool with mucus(Apakvamaalapravrutti),	2	1	1	1
altered bowel habit (Muhurbaddhamuhurdravyam)	3	2	1	1

OBSERVATIONS AND RESULTS :

The follow up was made on the 8th day, 15th day and 30th day. During this period, the patient did not develop any other complaint. She reported gradual improvement in altered bowel habit, stool with mucus, tinnitus, indigestion, pain in abdomen, anorexia. The progress of the patient is given in table no. 2 in the form of grades. After treatment, the patient got significant relief in the symptoms.

DISCUSSION :

In the study, Grahaniashatak was taken for the treatment of Grahani. This is the 8 days treatment including Snehapan, Niruha, Anuloman, Anuvasan. All procedures included in Grahaniashatak has different type of mechanism of action which subsides the symptoms of Grahani and provide cure for this disease.

First we gave the Shankhavati, Chitrakadi Vati and Abhaya churn for aampachan, Chitrakadi Vati acts as Pachan as well as Deepan. It gave at Saman Kal i.e. after taking half food which specifically workson Agni. Abhaya Churna and Shankhavati also works as Pachan. After Pachan we started Snehpan with Dadimadi Ghrut in less quantity (Hrusiyasi matra) i.e. 30 ml for 3 days in early morning. Dadimadi Ghrut helps to increase Agni and acts as appetiser.

It includes Dadim, Dhanyak, Chitrak, Shunthi, Pippali etc which acts as appetiser. When agni is stimulated slightly but there is Mal- Mootra-Vayu retention at this condition we gave Niruha for 2 days. Vatnashak Niruha includes Dashmool(bilva,agnimanth, shyonak, patala, kashmarya, shaliparni, prushniparni etc ⁴ . It can increase agni as well as it removes Vibandha as well as it reduces vitiated Vata. In Vataj Grahani Anuloman (purgation) with Erandtail given after Niruha. Erandtail is Snigdha,Vatanulomak so it is usefull in Vataj Grahani. This is Mrudu (soft) Virechan / purgative. After Virechan Koshta becomes Rukasha(dry), to overcome this problem we gave Anuvasan Basti. It also controls

Vata and increases Agni . After all this treatment we advised light diet thereafter, and patient should be advised to take ghee regularly. As ghee is the best appetiser⁵. As Agnidushti is the main cause of Grahani, by treating Agnivikruti , patient of Grahani has significant results.

That's why Grahaniashatak has been taken for the present study which shows significant result in Grahani.

CONCLUSION : So at the end of the study it is assumed that Grahaniashatak is quite effective in managing the symptoms of Grahani.

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