

Vataja Grahani with Ayurvedic Treament - A Case Report

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Abstract: The *Bala* which is the base of the health is entirely depending on *Agni*, which is the part of the body that regulates all metabolic processes. An instance of *Grahani Roga* manifests and develops when both *Agni* and the *Agni Adhithana- Grahani* are constrained. One of the most common *Grahani* species is *Vataja*. Some of the symptoms are *muhur baddha-muhur drava mala pravritti*, *udarashoola*, *amlodgara*, *avipaka*, and *visthambha*. The *Grahani vikara* is considered as one of the *Ashta-Maharoga*. It is *Chirakalina* and *Kashtasadhya* type of *Vyadhi*. The rectum is the site of ulcerative colitis, an idiopathic, chronic inflammatory bowel disease of the colon mucosa. The disease *Vataja Grahani* keeps resemblance with Ulcerative Colitis. It often affects part or an entire colon, although in some cases of proctitis or left-sided colitis, a caecal patch of inflammation may develop. The signature symptom of this disorder is diarrhoea with bleeding. Exacerbation and remission cycles alternate, making the treatment course unpredictable. This article discuss the consequences of ulcerative colitis as well as its epidemiology, pathophysiology, diagnostic approach, natural history, and medical and surgical diagnosis.

Keywords: Vataja Grahani, Ulcerative Colitis, *Grahani Roga*, IBS etc.

1. Introduction

Ulcerative colitis and Crohn's disease are the two main causes of inflammatory bowel disease. These categories can be identified by differences in risk factors, genetic predisposition, clinical, endoscopic, and histological aspects, as well as certain common traits. The exact origin of inflammatory bowel disease is unknown, however genetically susceptible people appear to have an immunologic response i.e. dysregulated to commensal intestinal flora, leading to bowel inflammation.¹ In ulcerative colitis, inflammation often affects the mucosal surface only. Although some people with proctitis or left-sided colitis may have an inflamed caecal patch, the disease often starts in the rectum and extends continuously across the whole colon.² The severity of intestinal activity—from proctitis to severe colitis or left-sided colitis—strategizes the spread of illness.³

Tridoshatmaka point of view, derangement of the digestive tract, ulcerative colitis is caused by the vitiation of *Pachaka Agni*, *Kledaka Kapha*, *Samana* and *Apana Vayu*. The common symptoms like, *Muhurbaddha-Muhurdrava Malapravritti*, *Udarashoola*, *Antrakujan*, *Arochaka*, *Klama*, *Daurbalya* etc. appear.⁴ According to *Vagbhata*, *Agnidusti* is the root cause of almost ailments. Modern society's evolving dietary habits and lifestyles have paved the way for variety of diseases. A prevalent sickness that has emerged in the modern era is *Vataja Grahani*. Every day, more instances are reported.⁵ *Agni* is believed to be vitiated in *Grahani* which is its *Adhishthana* and as a result, *Grahani dosha* is taken into account. In *Vataja Grahani Roga*, the *Grahani avayava* has become tainted.

Case report:

A Male patient of 48 years old, registered in Parul Ayurved Hospital, Department of Panchakarma Out Door Patient (OPD NO – 3755/ IPD NO. 230) on 20/06/2023.

Chief Complaint –

Loose Stool – 10-12 times

- Generalized Weakness
- Defecation with blood- Occasionally
- Abdominal Pain

History Of Present Illness

Before a year, the patient seemed to be in good health. Progressively produces loose stools 10–12 times a day, occasionally with blood, sometimes accompanied with discomfort as just after a night time meal, sometimes during the day, cramps, overall weakness. For further management, he then came to the Parul Institute of *Ayurveda* Hospital.

Past history:

- K/C/O – HTN
- H/O same episode 5 years back, for that he took allopathic medicines 4 years but he didn't get any relief after that treatment.

Family History

All are reportedly in good health.

History Of Present Medication

1. Tab. Telmisartan 50 mg [1-0-1] [one tablet twice in a day after meal]
2. Tab. Ecosprin– 75 mg. [1-0-1] [one tablet twice in a day after meal]
3. Powder Rowasa sachet - 1gm. [once a day after meal]

Personal History

Aahara –Mixed diet (occasionally non-veg)

Vihara –

- Addiction – Smoking occasionally
- Bowel Habit – Irregular and watery, Foul smell, Pain, Bleeding occasionally
- Nidra – Disturbed sleep
- Urine – Frequency – 5-6/ Day, 1-2 /Night
- Blood Group – B⁺

Occupational History –

Natural of work – travelling most of time, Working Hour – 10-12 hrs.

Menstrual & Obstetric History- N/A

General Examination-

Sl.No.	EXAMINATION	CONDITION
1.	Gait	Normal
2.	Decubitus	Sitting

3.	Faces	Weak
4.	Pallor	Absent
5.	Icterus	Absent
6.	Cyanosis	Absent
7.	Edema	Absent
8.	Clubbing	Absent
9.	Lymph nodes	Not palpable

VITAL EXAMINATION

Pulse – 87 /min

R.R – 19 /min

H.R. – 85 /min

BP- 130/90 mm of hg

Temp- 98.7 °F

ASHTA VIDHA PARIKSHA:

Sl.No.		
1.	<i>Nadi</i>	<i>Vatapitta,</i> Pulse: -87/ Minute
2.	<i>Mutra:</i>	5-6 Times / Day
3.	<i>Mala:</i>	10-12 Times/day
4.	<i>Sparsha:</i>	<i>Ruksha</i>
5.	<i>Drik:</i>	<i>shyava</i>
6.	<i>Jihva:</i>	<i>Dry, Reddish</i>

7.	<i>Sabdha</i>	<i>kshama</i>
8.	<i>Akrithi</i>	<i>Prakrut</i>

ROGI PARIKSHA

1.	<i>Prakrutitah</i>	<i>Pitta-Vata</i>
2.	<i>Saratah</i>	<i>Avara</i>
3.	<i>Sanhananataha</i>	<i>Avara</i>
4.	<i>Pramanata</i>	Ht-165cm., Wt-48kg, BMI- 17.60
5.	<i>Satwataha</i>	<i>Madhyama</i>
6.	<i>Satmyataha</i>	<i>Madhyama</i>
7.	<i>Ahara Shakti</i>	<i>Avara</i>
8	<i>Vyayamataha</i>	<i>Avara</i>
9.	<i>Vaya</i>	<i>Madhyama</i>
10.	<i>Jihwa</i>	<i>Ruksha ,reddish</i>
11.	<i>Deshataha</i>	<i>Sadharana</i>

ASSESSMENT CRITERIA BEFORE/AFTER

Sl. No.		Grading [20/06/2023]	Grading [03/07/2023]
1.	Bowel Frequency [More than 12 times in a day]	4	1
2.	Defecation with Blood(occasionally)	1	0
3.	Abdominal Pain	1	0
4.	Weakness	1	0

Systemic Examination-**Locomotory System –**

- Inspection – No any deformity seen
- Deep Palpation- No crepitation
- Percussion – No tenderness
- Joints involved –NAD
- Range of movement- Not restricted

- Deformity of joint – Nil

Respiratory System – AEBC- clear

Cardiovascular System (CVS) – S₁S₂ Normal, Not seen any murmur

Gastrointestinal System (GI TRACT) – Mild tenderness persists over umbilical, Bowel Sound Heard - Prakrut

Central Nervous System (CNS) – Conscious and well oriented to time, light, and place

Involuntary/ Movement – Tremors/ Chorea – Absent

2. Other System – Genito urinary System- Micturation – Freq – 3-4 in Day and 1-2 in Night Time

3. Pathology Report: 20/06/2023

Blood Investigation-

Hb%: -10.50 gm%

RBC: -4.34/cumm

PCV- 42.19%

MCH-29.22 pg

SGOT – 27.2 IU/L

SGPT – 31.4 IU/L

Urine routine:

Sugar –Absent

Protein- Absent

Ketone- Absent

Blood- Absent

Bilirubin- Absent

Urobilinogen- Absent

Stool Examination- 20/06/2023

Occult Blood- Present

Colour – Brownish Yellow

Consistency- loose

Parasites- Absent

Mucous- Present

Radiological Finding-

Ileocolonoscopy Done 24/06/2023 –

Ileocolonoscopy showed colitis - IBD? Ulcerative colitis Grade 4th

Usg Done On 20/06/2023 –

Normal mucosa loss, vascularity, and granular, friable, ulcerated mucosa with ulcerative are present to the extent that is visible.

Provisional Diagnosis – *Vataja Grahani, Raktatisara, Ibs*

Differential Diagnosis (Dd)-**Diagnosis** – *Vataja Grahani***Prognosis** – *Kruchha Sadhya***Samprapti Ghataka** –

1.	<i>Dosha</i>	<i>Vata Pitta pradhan</i>
2.	<i>Dushya</i>	<i>Rasa</i>
3.	<i>Srotas</i>	<i>Annavaha, Purishvaha</i>
4.	<i>Ama</i>	<i>Sama</i>
5.	<i>Udbhavasthana</i>	<i>Aam Pakvashya</i>
6.	<i>Vyaktisthana</i>	<i>Pakvashya</i>
7.	<i>Treatment</i>	<i>Shamana, Basti</i>

4. Treatment–1. Tab. *Kutaja Ghana* Vati 2 TDS [2-2-2]2. Tab. *Praval Panchamruta* 2 BD [2-0-2 B/F]3. *Musta + Dadimastaka Churna-*

[10gm + 150ml Takra- twice a day, B/F]

4. *Anuvashana Basti with Dadimadi Ghruta* -60ml5. *Niruha Basti* – *Kwatha of Udumber twak + Bilva Choorna + Yastimadhu kashaya* -250 ml• **Diet & Regimen** – *Laghu Supachhya Ahara.***Follow Up Plan – 21/06/2023****Started From Tuesday- 20/06/2023**

Sl.No.	Dravya/ Procedure	Content	Matra
1.	<i>Anuvasana Basti</i>	<i>Dadimadi Ghruta</i>	60 ml
2.	<i>Niruha Basti</i>	<i>Kwatha – Udumber + Bilva Choorna + Yastimadhu Kashaya</i>	250 ml
		<i>Kalka- Mushta + Dadimastaka Churna</i>	25 gm
		<i>Sneha -Dadimadi Ghruta</i>	50 ml
		<i>Honey</i>	60 ml
		<i>Saindhava Lavana</i>	1 gm

Basti Procedure Plan

Sl.No.	21/06	22/06	23/06	24/06	25/06	26/06
1.		<i>Niruha Basti</i>	<i>Niruha Basti</i>	<i>Niruha Basti</i>	<i>Niruha Basti</i>	<i>Niruha Basti</i>
2.	<i>Anuvashana Basti</i>	<i>Anuvashana Basti</i>	<i>Anuvashana Basti</i>	<i>Anuvashana Basti</i>	<i>Anuvashana Basti</i>	

Complete Follow Up Plan

Date	Follow up Treatment
21/06/2023	<ul style="list-style-type: none"> • Tab. <i>Kutaja Ghana Vati</i> 2 TDS [2-2-2] • <i>Musta + Dadimastaka Churna</i> [10gm + 150 ml takra] twice a day before meal • Tab. <i>Praval Panchamruta</i>- 2 BD [2-0-2 B/F] • <i>Anuvashana Basti</i> with <i>Dadimadi Ghruta</i> -60 ml • <i>Niruha Basti</i> - <i>Kwatha</i> – <i>Udumber + Bilva Patra + Yastimadhu KAshaya</i>,
22/06/2023	<ul style="list-style-type: none"> • Tab. <i>Praval Panchamruta</i> 2 BD [2-0-2 B/F] • Tab. <i>Kutaja Ghana Vati</i> 3 TDS [2-2-2] • <i>Musta + Dadimastaka Churna</i> [10gm + 150ml with Takra] twice a day, (B/F)
23/06/2023	<ul style="list-style-type: none"> • Tab. <i>Praval Panchamruta</i> 2 BD [2-0-2 B/F] • Tab. <i>Kutaja Ghana Vati</i> 2 TDS [2-2-2] • <i>Musta + Dadimastaka Churna</i> [10gm + 150ml with Takra] twice a day, (B/F) • <i>Takrarista</i> 20 ml BD [20 ml- 0- 20 ml] added with equal quantity of water • <i>Anuvashana Basti</i> with <i>Dadimadi Ghruta</i> -60 ml • <i>Udumber + Mushta + Yastimadhu KAshaya</i> 40 ml TDS [40ml- 40ml-40ml]
24/06/2023	<ul style="list-style-type: none"> • Tab. <i>Kutaja Ghana Vati</i> 2 TDS [2-2-2] • Tab. <i>Praval Panchamruta</i> 2 BD [2-0-2 B/F] • Tab. <i>Sutashekhar Rasa</i> 2 BD [2-0-2] (B/F) • <i>Musta + Dadimastaka Churna</i> [10gm + 150ml with Takra] Twice a day, (B/F) • <i>Takrarista</i> 20 ml BD [20ml- 0- 20 ml] • <i>Udumber + Mushta + Yastimadhu KAshaya</i> [40ml- 40ml-40ml] • <i>Niruha Basti</i>
25/06/2023	<ul style="list-style-type: none"> • Tab. <i>Sutashekhar Rasa</i> 2 BD [2-0-2] (B/F) • Tab. <i>Kutaja Ghana Vati</i> 2 TDS [2-2-2] • <i>Takrarista</i> 20 ml BD [20ml- 0- 20 ml] • <i>Anuvashana Basti</i> with <i>Dadima Ghruta</i> -60 ml

	<ul style="list-style-type: none"> • <i>Udumber + Mushta + Yastimadhu KAshaya</i> [40ml- 40ml-40ml] • <i>Musta + Dadimastaka Churna</i> [2 tsp + 100ml with <i>Takra</i>] Soaked overnight [60 ml- 0- 60 ml]
26/06/2023	<ul style="list-style-type: none"> • Tab. <i>Sutashekhar Rasa</i> 2 BD [2-0-2] (B/F) • <i>Takrarista</i> 20 ml BD [20ml- 0- 20 ml] • Tab. <i>Shankavati</i> 2 BD [2-0-2] (A/F) • <i>Anuvashana Basti</i> with <i>Dadima Ghruta</i> -60ml [3rd day] • <i>Udumber + Mushta + Yastimadhu KAshaya</i> [40ml- 40ml-40ml] • <i>Musta + Dadimastaka Churna</i> [2 tsp + 100ml with <i>Takra</i>] Soaked overnight [60 ml- 0-60ml]
27/06/2023	<ul style="list-style-type: none"> • Tab. <i>Sutashekhar Rasa</i> 2 BD [2-0-2] (B/F) • <i>Takrarista</i> 20 ml BD [20ml- 0- 20 ml] • Tab. <i>Shankavati</i> 2 BD [2-0-2] (A/F) [Abdominal Discomfort] • <i>Anuvashana Basti</i> with <i>Dadima Ghruta</i> -60ml [4th day] • <i>Udumber + Mushta + Yastimadhu KAshaya</i> [40ml- 40ml-40ml] • <i>Musta + Dadimastaka Churna</i> [2 tsp + 100ml with <i>Takra</i>] Soaked overnight [60 ml- 0-60ml]
28/06/2023	<ul style="list-style-type: none"> • Tab. <i>Sutashekhar Rasa</i> 2 BD [2-0-2] (B/F) • <i>Takrarista</i> 20 ml BD [20ml- 0- 20 ml] • Tab. <i>Shankavati</i> 2 BD [2-0-2] (A/F) • <i>Matra Basti</i> with <i>Dadima Ghruta</i> -60ml [5th day] • <i>Udumber + Mushta + Yastimadhu KAshaya</i> 40 ml TDS [40ml- 40ml-40ml] • <i>Musta + Dadimastaka Churna</i> [2 tsp + 100ml with <i>Takra</i>] Soaked overnight [60 ml- 0-60ml]
29/06/2023	<ul style="list-style-type: none"> • <i>Takrarista</i> 20 ml BD [20 ml- 0- 20 ml] • Tab. <i>Kutaja Ghana Vati</i> 2 TDS [2-2-2] • <i>Bala Ashwagandha Taila</i> for L/A at abdominal Region • <i>Udumber + Mushta + Yastimadhu KAshaya</i> [40ml- 40ml-40ml] • <i>Musta + Dadimastaka Churna</i> [2 tsp + 100ml with <i>Takra</i>] Soaked overnight [60 ml- 0-60ml]
30/06/2023 to 2/07/2023	Repeat Same Treatment as on dated 2/07/2023
3/07/2023	Tab. <i>Kamdudha</i> 2 BD [2-0-2] (A/F) Repeat Same Treatment as on dated 5/07/2023

Discussion:

Agni, the digestive power, is said to be to blame for ulcerative colitis because when *Agni* is weak, *Ama Dosha* (undigested waste material) builds up and passes via the stools. Therefore, the goal of treatment should be to increase *Agni*'s effectiveness in order to decrease *Ama* production.⁶

- Excessive food consumption and lifestyle choices first hampered food absorption and led to the growth of *ama*, which builds up between the intestinal villi and forms a sluggish mixture that compromises the intestines' ability to operate normally and protect themselves. *Vata Dosha* is also made worse in the lower intestine, where it initially inhibits the channels of *Pitta* and *Kapha*, causing mucosal buildup and oedema.⁷
- *Praval Panchamruta* is a significant medication in *Amlapitta* and *Grahani Vikara* because it is *shitaveeryatmak*, *madhur*, *tiktarasatmak*, and *madhurvipaki*. *Amlapitta* and *Grahani Vikara* experience *anna vidah* and indigestion due to an increase in the *pitta's drava guna*, which causes symptoms like *amlodgar*, *hrutshul*, and *udarshul*. *Pravalpanchamrut's sheet veerya*, *madhur vipak*, and *ruksha guna* are particularly effective in reducing these symptoms.⁸
- *Tikta & Kashaya Rasa*, *Sheeta Veerya*, *Katu Vipaka*, *Deepan*, *Stamabhan*, and *Pittakapha Shamaka* are among the assets of *Kutaja*. The two strongest *Agraya Dravya*, in *Charak Kutaja's* opinion, are *Sangraahik* and *Upshoshan*. Due to the aforementioned qualities, *Kutaja* stimulates *Agni* and aids in the appropriate digestion of food and *Ama* to help eliminate *Ama* (a poison). *Kapha* and *Pitta Dosha* have been calmed by *Tikta & KAshaya Rasa*, *Ruksha Guna*, and *Sheeta Veerya*.
- Traditional ayurvedic medication *Kamadudha Rasa* attempts to treat a variety of *pitta* illnesses, including gastritis, hyperacidity, and other ailments relating to the abdomen. Additionally, *Kamadudha Rasa* eases searing pain and purifies the blood. *Gairika's Madhura* (sweet), *KAshaya* (astringent), *Snigdha* (smooth), and *Hima* (cool) characteristics are used as *Rakta Pittahara* and *Vrana Ropaka*, respectively, to treat bleeding disorders. These qualities are crucial for ulcer healing.⁹
- *Takrarishta* improves digestion and appetite. It corrects liver functioning and enhances gastric juice output. It is referred to as *Ama Pachaka* in *Ayurveda* and prevents the generation of toxins from partially digested food particles. Additionally, it aids in digestion and prevents *Amavisha* conversion. Although it is an appetizer, it is offered to encourage fat digestion since its digestive action enhances fat burning.¹⁰
- An important *Ayurvedic* drug called *Sutshekhar Rasa* reduces symptoms like heartburn, nausea, vomiting, stomach discomfort, epigastric soreness, hiccups, fever, breathing problems, headache, etc. by balancing the *Pitta Dosha*. Additionally, it lessens the effects of *Tikshana* and *Amla's Pitta Dosha* traits. Additionally, it treats *Vata Dosha* and aids in the treatment of all illnesses brought on by the aggravation of *Vata* and *Pitta*.¹¹

5. Conclusion:

A group of digestive illnesses are referred to as *Grahani Roga*. It is connected to *Agnimandhya*, *Koshta gata Vata*, and *Atisara*. Impaired *Agni* and *Samana Vata* are the two pathogenesis-related variables that are common to *Grahani*. The *Vata's Prana* and *Apana* play a significant role in *Grahani*. Numerous studies have determined the etiological factors that contribute to IBS, which fall under the *Vataja Grahani Nidana* that was previously explained in *Ayurvedic* textbooks. The aetiology, pathophysiology, and symptoms reported for *Vataja Grahani* are therefore comparable to those described in contemporary research.

Conflict Of Interest: None

Source Of Support -Nil

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