



Review Article

CONCEPT OF *GRAHANI* IN AYURVEDA: A REVIEW OF CLASSICAL PERSPECTIVES AND CLINICAL CORRELATIONS

T Jagadeesh^{1*}, Uma B Gopal², Simi³, Deepshikha Kumari¹, Gopika Rajeevan¹

*1PG Scholar, ²Professor, ³Assistant Professor, Department of Shareera Rachana, SDM College of Ayurveda, Karnataka, India.

Article info

Article History:

Received: 12-01-2026

Accepted: 10-02-2026

Published: 15-03-2026

KEYWORDS:

Grahani, Irritable Bowel Syndrome, Ayurvedic Science, Modern Science, *Chikitsa*.

ABSTRACT

The term *Grahani* is derived from the root "*Graha*", conveying the sense of seizing, retaining or holding. Ayurvedic literature explains that *Grahani* plays a central role in the entire process of food handling in the body. It is responsible for consumed food carrying out its digestion through the action of *Agni*. Under normal condition it holds the partially processed food and allows only the properly digested nutrients to pass on words through its luman. When *Agni* becomes disturbed, the digestive process is compromised, resulting in faulty digestion of food. *Grahani Roga* can be clinically compared with IBS (irritable bowel syndrome). It is a functional disorder of the gastrointestinal tract that presents symptoms such as abdominal discomfort and irregular bowel habits, including variation in the consistency and frequency of stools. etiological factor includes genetic, environment, changes in motility, visceral sensitivity, epithelial permeability, gastrointestinal flora. Lifestyle disorder on the raise, irregular eating habits, processed food and stress is contributing to an increase burden of digestive aliments that closely resembles *Grahani* in their presentation. Therefore, analyzing the *Grahani* by integrating classical ayurvedic concept of disease development with modern clinical correlation offers fresh perspective for better comprehension, accurate diagnosis, and effective management of chronic gastrointestinal disorders.

INTRODUCTION

Etymological derivation of the word *Grahani*

According to *Vachaspathyam*, "*Nayate parinamayattiti*", the term *Agni* denotes the principle that brings about transformation and regulation within the body. It refers to the vital force which initiates and governs the process of changes in the substances, in this sense, *Agni* plays a crucial role in the converting the ingested *Ahara* (food) and other materials, that can be properly utilized by organism.^[1]

The activity of *Agni* is closely associated with *Pitta Dosh*, because the word originates from the root "*Tap*" meaning heat or transformation, which reflects the essential nature of *Agni*.^[2]

Introduction of *Grahani* Acc to *Susruta* and *Astanga sangraha* and *Bhaishajya Ratnavali*

Ahara is the fundamental factor responsible for the nourishment maintenance and continuation of life. It is described as foremost pillar among the three pillars of life (*Trayopsthambha*), i.e., (*Ahara, Nidra, Brahmacharya*).^[3] *Hitakari/Patyahara* (wholesome food) as per Ayurveda is conducive for enhance the overall health, life span, bodily power, intelligence, voice quality, and complexion. *Pittadhara kala* in ayurvedic literature is identified as a 6th *Kala* it is in the region between the *Pakvashaya* and *Amashaya* this anatomical and functional zone is termed as *Grahani*. The functional efficiency of *Grahani* depends upon *Agni* (digestive fire) and *Agni* is the seated within *Grahani* itself thus *Agni* and *Grahani* maintain the close interdependent relationship in the process of digestion and metabolism. Hence, when the *Vahni* (digestive fire) is vitiated, *Grahani* also becomes vitiated.^[4,5,6]

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v14i2.4047>

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

According to Charaka

Grahani Dosha primarily reflects the derangement of *Agni*, the biological fire that governs digestion and metabolism. When *Agni* becomes impaired, the functional integrity of *Grahani* which corresponds to the duodenum and upper segment of the small intestine also becomes disturbed thus the concept of *Grahani Dosha* indirectly denotes the pathological state of digestive and metabolic activity resulting from faulty *Agni*.^[7]

According to Bhavaprakasha and Harita Samhita

Even after the recession of diarrhea, if the person, still with poor digestion. Indulges in ***Grahani Types According to Different Acharya*** ^[10,11,12,13,14]

<i>Bhavaprakasha</i>	<i>Charaka</i>	<i>Susrutha</i>	<i>Haritha</i>	<i>Madhava Nidana</i>
<i>Vataja</i>	<i>Vataja</i>	<i>Vataja</i>	<i>Vataja</i>	<i>Vataja</i>
<i>Pittaja</i>	<i>Pittaja</i>	<i>Pittaja</i>	<i>Pittaja</i>	<i>Pittaja</i>
<i>Kaphaja</i>	<i>Kaphaja</i>	<i>Kaphaja</i>	<i>Kaphaja</i>	<i>Kaphaja</i>
<i>Sangraha</i>	<i>Sannipathaja</i>	<i>Sannipathaja</i>	<i>Sannipathaja</i>	<i>Sangraha</i>
<i>Gatyantra</i>				<i>Gatyantra</i>

Nidana of Grahani According to different Acharya

Samanya Nidana As per Haritha

According to *Acharya Haritha* while describing the varieties of *Atisara* and the causative factors and management of *Sangrahani Roga*, it is stated that digestive process the food undergoes transformation and solid residual portion is produced as a part of this physiological activity, in less quantity and passes downwards towards pelvis in small quantities in splits, the *Agni* gets hampered and results in condition called *Grahani*. After getting free from *Atisara* due to *Avrutha dosha* in *Grahani*, suppresses the *Agni* and by ingesting the food again, the food that got struck since so many days, starts expelling daily in small quantity and hardness and causes very difficult to pass the stools due to constipation.^[15]

Vataja Grahani Nidana According to Charaka and Bhavaprakasha and Madhava nidana

Vatika Grahani caused by intake of pungent, bitter, astringent, excessive unctuous and cold food, intake of less of food, walking long distance, fasting, suppression of natural urges and excessive sexual intercourse. Because of the above-mentioned factor the *Vayu* gets aggravated and covers the suppressed *Agni* and cause *Vataja Grahani*.^[16,17,18]

unwholesome eating, his digestive fire being further vitiated leads to derangement of *Grahani*.^[8]

According to Madhava Nidana

When *Grahani* is impaired with one or more *Doshas* are distributed. This dysfunction alters the normal process of digestion and absorption, resulting in abnormal bowel movement. This expelled material may be improperly digested, partially digested, or mixed with foul smelling stool. The consistency of stool is variable, appearing at times solid and at other times loose or watery, accompanied with pain in the abdomen. Scholars of Ayurveda called this disease *Grahani*.^[9]

Pittaja Grahani Nidana According to Charaka and Bhavaprakasha and Madhava nidana

Pitta gets aggravated by intake of food ingredients which are pungent, heavy, *Vidahi*, sour, alkaline, etc. the aggravated *Pitta* suppresses and extinguish *Agni*, as hot water causes extinction of physical fire.^[19,20,21]

Kaphaja Grahani Nidana According to Charaka and Bhavaprakasha and Madhava nidana

Kaphaja Grahani becomes aggravated due to the regular consumption of food that is heavy to digest, overly oil and cold in nature. Overeating and the habit of lying down or sleeping immediately after meals further weakens digestive capacity, thereby promoting the development and progression of the disease. The food, in such circumstances, does not get easily digested which causes *Grahani*. ^[22,23,24]

Sannipathaja Grahani Nidana According to Charaka and Bhavaprakasha and Madhava nidana

The *Sannipathaja*, where all the three *Dosha* are involved, gets vitiated simultaneously, cause *Sannipathaja Grahani*. ^[25,26,27]

Poorva Roopa According to Different Acharya^[28,29,30]

According to <i>Charaka</i>	According to <i>Susrutha</i>	According to <i>Madhava nidana</i>
<i>Trsna</i> (thirst)	<i>Vidhaha</i> (burning sensation)	<i>Trsna</i> (thirst)
<i>Alasya</i> (laziness)	<i>Klama</i> (general debility)	<i>Alasya</i> (lack of enthusiasm)
<i>Bala Kshaya</i> (diminution of strength)	<i>Bala kshaya</i> (exhaustion)	<i>Bala kshaya</i> (debility)
<i>Vidhaha</i> (burning sensation)	<i>Kasa</i> (cough)	<i>Vidhahoannasya</i> (burning

		sensation in chest)
<i>Pakochirath</i> (delayed in digestion)	<i>Karna kshweda</i> (ringing in eras)	<i>Pakochirath</i> (delayed digestion of food)
<i>khayasya Gourava</i> (heaviness of the body)	<i>Antra kunjana</i> (gurgling sounds)	<i>khayasya Gourava</i> (heaviness of the body)

Roopa of Grahani According to different Acharya

Roopa of Vataja Grahani According to Charaka, Bhavaprakasha, Bhaishajya Ratnavali

In this condition, the food consumed by the patient is not properly processed by the digestive systems. As result, it gives rise to increased acidity and a feeling of roughness throughout the body. The individual experienced dryness of the mouth and throat, along with an abnormal increase in thirst appetite. Visual disturbances such as a sensation of darkness or dimness before the eyes may also be observed., abnormal sounds in ear, frequent pain in the side if the chest, *Visuchika*, emaciation, weakness, distaste in mouth, mental frustration, flatulence after and during the digestion, afflicted with cough dyspnea.^[31,32,33]

Roopa of Vataja Grahani According to Susruta

Pain is severe in rectum, region of heart, flanks, abdomen and head.^[34]

Roopa of Vataja Grahani According to Haritha

Discharge of stools in different colors, with extreme dryness of the body, difficulty in breathing, looseness of the body.^[35]

Roopa of Vataja Grahani According to Madhava nidana

The same symptoms told by *Acharya Charka* with some Main symptoms like those symptoms look like *Vataja Gulma*, *Hridroga*, *Pliha*, causing difficulty in diagnosis, he has cough and increased/difficult respiration also.^[36]

Roopa of Pittaja Grahani According to Charaka, Bhavaprakasha, Madhava Nidana

The patients void loose stools containing undigested material, which is either bluish yellow or yellow in colour. He also suffers from eructation, having foul smell and sour taste, burning sensation in the cardiac region and throat, anorexia as well as morbid thirst. ^[37,38,39]

Roopa of Pittaja Grahani According to Haritha

Burning sensation, thirst, foul smelling, red, yellow, blue, or black colored stools.^[40]

Roopa of Kaphaja Grahani According to Charaka, Bhavaprakasha, Madhava Nidana

In *Kaphaja Grahani*, the food does not get easily digested, and the patients suffer from nausea, vomiting, anorexia, sickness, and sweet taste in mouth, cough, spitting, and *Pinasa*, a feeling of sluggishness in the cardiac region, numbness, and heaviness in the abdomen, eructation with foul smelling, and sweet

taste, prostration and suppression of libido. He voids stools which are spilt into pieces, mixed with mucous and phlegm, and heavy. Even if not emaciated, the patients feel weak and indolent. ^[41,42,43]

Roopa of Sannipathaja Grahani According to Charaka, Bhavaprakasha, Madhava Nidana, Haritha

The *Sannipatika* (where all the three doshas are simultaneously vitiated) type of *Grahani* – *Gada* is to be determined because of simultaneous manifestation of all the signs and symptoms pertaining to the three *Doshas*. ^[44-47]

Some Special types of Grahani told by Charaka

- 1) *Amaja Grahani*
- 2) *Niramaja Grahani*

Amaja Grahani

When the *Dosa* located in the *Grahani* is afflicted by food, which is not fully digested (*Vidhagdha*, partly digested and partly undigested food), then the signs of *Ama* (products of improper digestion), *Vistambha* (constipation), *Praseka* (salivation), pain, burning sensation, anorexia, heaviness are manifested.^[48]

Treatment

Such patients should be administered emetic therapy with the lukewarm water, alternatively decoction of *Madana-phala* mixed with *Pippali* and *Sarsapa* should be used for the emetic therapy.

If the *Ama* moves downwards and remains adhered to the colon, then the patient should be given purgation therapy with such drugs as are stimulant of digestion.

Niramaja Grahani

Having *Vatika* type of *Grahani Roga* has become free from *Ama* (undigested material) and cause *Nirama Grahani*. ^[49]

Treatment

- Niruha Basti*
- Anuvasana Basti*
- Virechana*

Some Special types of Grahani told by Madhava Nidana, Bhavaprakasha

Sangraha Grahani

This *Grahani* is caused by the *Vata* and *Ama*, it signs and symptoms like intestinal gurgling, lassitude, general debility, malaise, passes stool, which is liquid, cold, solid, unctuous, associated with pain in lower back, patients void stools with excess *Ama*, sliminess,

sound associated with mild pain. The disease repeats once in 15 days, 30 days, 10 days. Disease aggravates during daytime and pacifies during nighttime. It is very difficult for diagnosis and management. Patients suffer from this entity for a long period of time.

Based on the above clinical features *Sangraha Grahani* may be co-related with inflammatory bowel disease (IBD).^[50]

Gatyantra Grahani

It is characterized by excessive sleeping, pain in the sides of the chest, and produces the sound like that of water pouring out of the pot while defecating and it is incurable.

Based on the above clinical features *Gatyantra Grahani* may be co-related with intestinal pseudo-obstruction, intestinal obstruction.^[51]

Samprapthi of Grahani



Upadrava of Grahani Acc to Haritha

Intake of *Tikta* (bitter), *Kashaya* (astringent), *Katuka* (pungent), *Amla* (sour), *Vidahi* (burning sensation), *Rooksha* (rough), *Sheetha* (cold), *Alpa Bojana* (light food) and *Srma Maithuna* (excessive sexual intercourse), *Bhara Adwa* (heavy weightlifting), *Hashti vahana* (excessive travelling in elephant), excessive walking cause increasing of *Apana Vayu* and decreasing of *Agni* and cause further increasing of disease.^[53]

Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is a functional bowel disorder in which abdominal pain is associated with defecations or a change in bowel habit. Approximately 20% of the general population fulfill diagnostic criteria for IBS but only 10% of these consult their doctor because of gastrointestinal symptoms. Nevertheless, IBS is the most common cause of gastrointestinal referral and account for frequent absenteeism from work and impaired quality

of life. Young women are affected 2-3 times more than men. Co-existing conditions such as non-ulcer dyspepsia, chronic fatigue syndrome, dysmenorrhea and fibromyalgia are common. A significant proportion of patients have a history of physical or sexual abuse.

Pathophysiology

IBS present with varied clinical features, and its development cannot be attribute to one specific factor. It is generally believed that most patients develop symptoms in response to psychosocial factors, altered gastrointestinal motility, altered visceral sensation or luminal factor.

1) Psychosocial factors

Most patients seen in general practice do not have psychological problems but about 50% of patients referred to hospital meet the criteria for a psychiatric diagnosis. A range of disturbances are identified, including anxiety, depression, somatization and neurosis. Panic attacks are also common. Acute psychological stress and overt psychiatric disease are known to alter visceral perception and gastrointestinal motility in both irritable bowel patient's and healthy peoples. There is an increased prevalence of abnormal illness behavior with frequent consultation for minor symptoms and reduced coping ability.

2) Altered gastrointestinal motility

A range of motility disorder are found but none is diagnostic. Patients with diarrhea as predominant symptoms exhibit clusters of rapid jejunal contraction waves, rapid intestinal transit and an increased number of fast and propagated colonic contractions. Those who are predominantly constipated have decreased orocecal transit and reduced number of high- amplitude, propagated colonic contraction waves but there is no consistent evidence of abnormal motility.

3) Abnormal visceral perception

IBS is associated with increased sensitivity to intestinal distention induced by inflation of balloons in the ileum, colon and rectum, a consequence of altered central nervous system processing of visceral sensation. This is more common in women and in diarrhoea - predominant IBS.

4) Infection and allergy

Between 7% and 32% of patients develop IBS following an episode of gastroenteritis, more commonly young women and those with existing background psychological problems. Others may be intolerant of specific dietary components, particularly lactose and wheat. Abnormalities of guts microflora leads to increased fermentation and gas production and minimal inflammation, have also been postulated. Some patients have subtle, histologically undetectable mucosal inflammation, possibly leading to activation of inflammatory cells and release of cytokines, nitric

oxide and histamine. These may trigger abnormal secretomotor function and sensitize enteric sensory nerve endings.

5) Clinical features

The most common presentations are those of recurrent abdominal pain. This is usually colicky, or cramping felt in the lower abdomen and relieved by defecation. Abdominal distention progressively increases over the course of the day, and although the exact mechanism remains unclear, it cannot be attributed to an excess accumulation of intestinal gases. The bowel habit is variable. Most patients alternate between episodes of diarrhea and constipation, but it is useful to classify patients as having predominantly constipation or predominantly diarrhea. Those with diarrhea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms. Physical examinations are generally unremarkable, apart from variable tenderness to palpation.

6) Diagnosis

The diagnosis is clinical in nature and can be made confidently in most patients under the age of 40 years without resorting to complicated tests. Full blood count, fecal calprotectin and sigmoidoscopy are usually done routinely and are normal in IBS. Colonoscopy should 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 (p.904), lactose intolerance (p.886), bile acid malabsorption (p.850), coeliac disease (p.879), thyrotoxicosis and, in developing countries, parasitic infection. All patients who give a history of rectal bleeding should undergo colonoscopy to exclude colonic cancer or IBD.

Supporting Diagnostic Features and Alarm features in IBS

Features Supporting a diagnosis of IBS

- Symptoms > 6 months
- Frequent consultation for non- GI problems.
- Previous medically unexplained symptoms.
- Stress worsens symptoms.

Alarm features

- Age >50 years, male gender.
- Weight loss
- Nocturnal symptoms
- Family history of colon cancer
- Anemia
- Rectal bleeding

Clinical features

IBS is predominantly seen in the middle aged, being more common in women than in men. Bowel disturbances divide the patients into two groups. In the spastic colon group, the patient's complaints of periodic constipation or diarrhea, the two may alternate. Patients often complain of a sense of incomplete bowel evacuation. Proctalgia Fugax is often present.

In the other group, the patient's complaints of painless diarrhea. There are usually urgency and precipitancy. The symptom is most seen after waking up, or more often during of following a meal. Nocturnal diarrhoea is not a feature of IBS. Mucorrhoea is common in the spastic colon group. Other gastrointestinal symptoms like fullness, heaviness, flatulence and general symptoms like weakness and lethargy may be present. Pain is often present. It is located over one or two areas of colon, the sigmoid colon being the commonest site. The pain may be intermittent (colicky) or continuous.

The abdominal distress has no diurnal variation and is not related to meal, exercise or posture. It is often relieved by defecation or bypassing flatus. On examination, the patients may appear nervous and introspective, with thoughts concentrated on motions. Often the left colon and sometimes the caecum may be palpable.

Investigation

There is no diagnostic test for IBS, investigations are helpful only in ruling out other diagnosis. Symptoms that warrant investigations are presence of fresh blood in stools, loss of weight, severe abdominal pain, steatorrhea or foul-smelling stools, nocturnal symptoms and fever. Blood counts, ESR, radiological and endoscopic procedure may be carried out. The stools may contain mucus but are negative for ova, cyst and occult blood, and culture is negative for pathogenic bacteria. The barium enema study may show loss of haustration or spastic descending colon, but these are not diagnostic. Sigmoidoscopy may show mucus covering the mucosa, but otherwise unremarkable. Colonoscopy is rarely required if possible large bowel motility studies may be done.

DISCUSSION

Mandagni (weak digestive fire) is considered the root cause of all diseases, as stated in the principle "*Roga sarvepi mandagni.*" *Agni dusthi* (vitiation of digestive fire) is the prime cause of *Grahani Roga*. The concept of *Asraya-asrita bhava* (substance-location relationship) explains the close interaction between *Grahani* and *Agni*. *Grahani* is the primary seat of *Agni* and the principal site of manifestation of *Grahani Roga*. Anatomically, the region of *Grahani* corresponds to the *Pittadhara Kala*, the lining membrane of the *Pittasaya*, which can be correlated with the biliary duct system of

the liver, the extrahepatic biliary apparatus, and predominantly the gallbladder. It is also associated with the proximal half of the midgut loop, including the lower half of the 2nd, 3rd, and 4th parts of the duodenum, the proximal half of the jejunum, and the exocrine part of the pancreas.

Since *Grahani* is the prime seat of *Agni* and the site of manifestation of *Grahani Doṣa*, its dysfunction produces symptoms such as *Atisrṣṭa* and *Vibaddha* (abdominal fullness and irregular bowel movements), *Mala pravṛtti*, *Jvara* (fever), *Udgara* (belching), *Arochaka* (anorexia), and others.

From the etiopathological perspective, due to various unwholesome factors, vitiation of *Pitta* (*Agni*), located between the *Amasaya* (stomach) and *Pakvasaya* (intestine), is responsible for the development of these symptoms.

In *Grahani*, the ingested food remains in a *Vidhagdha* state- partially digested and partially undigested. This condition is associated with *Trṣṇa* (excessive thirst), *Arochaka* (anorexia), *Vairasya* (distaste in mouth), *Praseka* (excessive salivation), and *Tamaka* (asthmatic symptoms). The affected individual passes stool in large quantity, either in solid or liquid form.

CONCLUSION

The area that is lined by *Pittadhara Kala* itself is called *Grahani*, and the disease manifested in this region is known as *Grahani Roga*. The imbalance occurs specifically in the region concerned with the metabolism of *Ahara* (food), where the first formation of *Rasa* from the ingested food takes place. This happens because *Agni* does not function properly in that region, resulting in the development of *Grahani Roga*.

Anatomically, *Grahani* is the region located between *Amasaya* and *Pakvasaya*, and it is lined by *Pittadhara Kala*. Since *Grahani* is the primary site of *Agni*, all digestive functions occur here. The function of *Agni* operates through *Panchaka Pitta*, which is responsible for the *Paka* (digestion) of *Caturvida Anna-Pana*, *Asitam* (solid food), *Pitam* (liquids), *Lehyam* (lickable substances), and *Cosyam* (chewable substances). Proper digestion also requires an appropriate duration for *Jirna* (complete digestion of food).

The *Tejo Sakti* of *Pitta* is responsible for *Sosana* (absorption). All these physiological functions should occur normally within the lining membrane of *Pittadhara Kala*, known as *Grahani*. When these functions are disturbed, various symptoms appear, such as the passage of small quantities of hard stools, loose stools, mucus-mixed stools, prolonged constipation, or uncontrollable defecation where the individual has an urgent need to rush to the toilet immediately after eating.

All these manifestations occur due to the dysfunction of *Agni*. According to modern science, this clinical condition corresponds closely with irritable bowel syndrome (IBS).

REFERENCES

1. Concept of Agni in ayurveda with special reference to Agni Bala parish, Vaidya Bhagwan das, Chaukhambha Amar Bharti Prakashan, 2nd edition 1993, P-3.
2. Susruta. Illustrated Susruta Samhita. Reprint Edition 2012. Prof. K.R. Srikantha Murthy, editor. vol.1. Varanasi: Chaukhambha krishnadas academy, 2012. Chapter – 21. Verse-5. P-153.
3. Agnivesha. Agnivesa's Charaka Samhita. Fifth Edition 1997. Dr Ram Karan Sharma, Vaidya Bhagwan dash, editors. vol.1. Chaukhambha Krishnadas academy, Varanasi; 1997. Chapter – 11, Verse – 35, P – 220.
4. Susruta. Illustrated Susruta Samhita. Reprint Edition 2012. Prof. K.R. Srikantha Murthy, editor. vol.3. Chaukhambha krishnadas academy, Varanasi; 2012. Chapter – 40. Verse-169. P-248.
5. Vagbhata. Astanga Sangraha of Vagbhata. first Edition 1996. vol.3. Chaukhambha krishnadas academy, Varanasi; 1996. Chapter 5. Verse 25. P - 64
6. Shri Govinda Daji. Bhisajyaratnavali of Bhisargratna Shri Brahma Shankar Mishra. Third Edition 2008. Bhisargratna Shri Brahmashankar Mishra, editor. vol.1. Chaukhambha krishnadas academy, Varanasi; 2008. Chapter 8. Verse-1, 2. P-475.
7. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. Verse 56-57.P-29.
8. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha Krishnadas academy, Varanasi; 2005. Chapter 4. Verse-4. P-146.
9. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha Krishnadas academy, Varanasi; 2010. Chapter 3. Verse-79, 80. P-240.
10. Prof.Parameshwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 4. Verse-1. P-85.
11. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha Krishnadas academy, Varanasi; 2005. Chapter 4. Verse-7, 13, 15, 20, 24. P-146.
12. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. verse - 58.P-30.
13. Susruta. Illustrated Susruta Samhita. Reprint Edition 2012. Prof. K.R. Srikantha Murthy, editor. vol.3. Chaukhambha Krishnadas academy, Varanasi; 2012. Chapter – 40. Verse-169, 170. P-248.
14. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha Krishnadas academy, Varanasi; 2010. Chapter 3. Verse-81, 82. P-240.

15. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 4. Verse-2, 3. P-86.
16. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha krishnadas academy, Varanasi; 2010. Chapter 3. Verse-79, 80. P-240.
17. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha krishnadas academy, Varanasi; 2004.Chapter 15. verse-59. P-30.
18. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha krishnadas academy, Varanasi; 2005. Chapter 4. Verse-7. P-147.
19. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1 Chaukhambha krishnadas academy, Varanasi; 2021. Chapter 5. Verse-5. P-87.
20. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha krishnadas academy, Varanasi; 2004.Chapter 15. verse-65. P-32.
21. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha krishnadas academy, Varanasi; 2005. Chapter 4. Verse-13. P-148.
22. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha krishnadas academy, Varanasi; 2021.Chapter 5. Verse-11, 12. P-88.
23. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha krishnadas academy, Varanasi; 2004.Chapter 15. verse-67. P-32.
24. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha krishnadas academy, Varanasi; 2005.Chapter 4. Verse-15. P-148.
25. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha krishnadas academy, Varanasi; 2021.Chapter 5. Verse-13, 14. P-88.
26. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. verse-72. P-33.
27. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha Krishnadas academy, Varanasi; 2005.Chapter 4. Verse-19. P-149.
28. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 5. Verse-17. P-89.
29. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. verse-55. P-29.
30. Susruta. Illustrated Susruta Samhita. Reprint Edition 2012. Prof. K.R. Srikantha Murthy, editor. vol.3. Chaukhambha Krishnadas academy, Varanasi; 2012. Chapter - 40. Verse-173.P-249.
31. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 5. Verse-4. P-86.
32. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha krishnadas academy, Varanasi; 2004. Chapter 15. verse - 60-64. P-31.
33. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha krishnadas academy, Varanasi; 2005.Chapter 4. Verse-8-12. P-147.
34. Shri Govinda Dasji. Bhaisajyaratnavali of Shri Govinda Dasji. Reprint Edition 2008. Bhisagrata Shri Brahmashankar Mishra, editor. Vol. vol.1. Chaukhambha krishnadas academy, Varanasi; 2008. Chapter - 5. verse - 1, 2. P - 474.
35. Susruta. Illustrated Susruta Samhita. Reprint Edition 2012. Prof. K.R. Srikantha Murthy, editor. Vol. vol.3. Chaukhambha Krishnadas academy, Varanasi; 2012. Chapter - 40. Verse-176.P-249.
36. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha Krishnadas academy, Varanasi; 2010. Chapter 3. Verse-88. P-241.
37. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. Vol. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 4. Verse-7-10. P-87.
38. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. verse - 65-66. P-32.
39. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha krishnadas academy, Varanasi; 2005. Chapter 4. Verse-13, 14. P-148.
40. Prof.Parameashwarappa. S.Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha krishnadas academy, Varanasi; 2021. Chapter 5. Verse-11-12. P-88.
41. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha Krishnadas academy, Varanasi; 2010.Chapter 3. Verse-89. P-241.
42. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha krishnadas academy, Varanasi; 2004. Chapter 15.verse - 67-70. P-32-33.
43. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha krishnadas academy, Varanasi; 2005. Chapter 4. Verse-15-18. P-148.
44. Prof.Parameashwarappa. S. Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 5. Verse-13-16. P-88.
45. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004.Chapter 15.verse - 72.P-33.

46. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha Krishnadas academy, Varanasi; 2005. Chapter 4. Verse-19. P-149.
47. Prof. Parameshwarappa. S. Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. vol.1. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 5. Verse-17. P-89.
48. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha Krishnadas academy, Varanasi; 2010. Chapter 3. Verse-90. P-242.
49. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. verse - 73-76. P-34.
50. Agnivesh's. Agnivesh's Caraka Samhita. Reprint, 2004. vol.4. Chaukhambha Krishnadas academy, Varanasi; 2004. Chapter 15. verse - 77-81. P-35.
51. Prof. Parameshwarappa. S. Byadgi. Prameshwarappa's Madhava Nidana. First Edition 2021. Vol. Chaukhambha Krishnadas academy, Varanasi; 2021. Chapter 5. Verse 1-4. P-89.
52. Bhavamishra. Bhavaprakasha of Bhavamishra. Third Edition 2005. vol.2. Chaukhambha Krishnadas academy, Varanasi; 2005. Chapter 4. Verse-20-24. P-149.
53. Vaidya Jayamini Pander. Harita Samhita. First Edition 2010. Vaidya Jayamini Pander, editor. Chaukhambha Krishnadas academy, Varanasi; 2010. Chapter 3. Verse-83.
54. Concept of Agni in ayurveda with special reference to Agni Bala parish, Vaidya Bhagwan das, Chaukhambha Amar Bharti Prakashan, 2nd edition 1993, P-3.
55. Roopa Teggi Dr, Uma B Gopal DR, Bhuvaneshwari Benakanahalli D. A Conceptual Review of Terms Pittashaya, Agnyashaya and Pittadhara Kala w.r.t Digestion and Absorption of Food. International Journal of Research and Analytical Reviews. 2025; 12(3).

Cite this article as:

T Jagadeesh, Uma B Gopal, Simi, Deepshikha Kumari, Gopika Rajeevan. Concept of Grahani in Ayurveda: A Review of Classical Perspectives and Clinical Correlations. International Journal of Ayurveda and Pharma Research. 2026;14(2):6-13.

<https://doi.org/10.47070/ijapr.v14i2.4047>

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

***Address for correspondence**

Dr. T Jagadeesh

PG Scholar,

Department of Shareera Rachana
SDM College of Ayurveda, Karnataka,
India.

Email: jagadeesh99t@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR 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 IJAPR editor or editorial board members.