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Review Article

MANAGEMENT OF GRAHANI ROGA WITH TAKRA AND ASHVAGOLA: A REVIEW

Preeti Sharma^{1*}, Kavitha Sharma², Gagandeep Kour³, Rajnishkumar Gautam⁴

- *1Medical Officer, Rashtriya Bal Swasthya Karyakram, Jammu and Kashmir.
- ²PG Scholar, PG Dept. of Roga Nidana, RGGPG Ayurvedic College, Paprola, Himachal Pradesh.
- ³Medical Officer, J&K Govt. Health Services, Jammu and Kashmir.
- ⁴Assistant Professor, PG Dept. of Kayachikitsa, Major SD Singh Ayurvedic PG College and Hospital, Farukkhabad, UP.

ABSTRACT

Diseases emanating from GIT form a considerable part of medical practice in India and abroad. Starting from ancient time to the modern era, *Grahani Dosha* has remained a fore runner but has also behaved like the fountain head of many GIT ailments. The faulty lifestyle, wrong food habits and busy schedules with abnormal-stressed lifestyle, changed eating habits and their patterns, inadequate sleep and non-observance of daily regime, seasonal regime, night regime and *Sadvritta* are the reasons for growing metabolic diseases in society. Due to improper digestion of food, there is vitiation of the *Dosha* and *Agni* and symptoms like alternate Constipation and Diarrhoea, with associated symptoms are seen, which can be collectively called as *Grahani Roga*. All the renowned physician of Ayurveda has given an account of treatment modalities for *Grahani Roga*. Among the different food habits and medicinal preparations, *Takrasevan* and *Ashvabgola* have been taken in this study. *Takra* having *Ushna Veerya*, *Kashaya Rasa*, *Madhura Vipaka* & *Ruksha Guna* pacifies *Vata*, *Pitta*, potentiates the *Agni* and digests as well as absorbs the food articles, and *Ashvagola* having *Madhura Rasa*, *Sheeta Veerya* and *Madhura Vipaka* is *Vata Pittashamak* and give bulk to the stool, relieving the symptoms and treating the disease in a generous way. This study is an attempt of the author to explain the effect of Butter milk and *Ashvagola* in *Grahanidosha* with the help of Ayurvedic Pharmacodynamics and other experimental studies.

KEYWORDS: Grahani Dosha / Roga, Agni, Takra, Ashvagola.

INTRODUCTION

Grahani as body organ holds a very important place in human anatomy; its physiological functions are also interlinked not only with mere digestion but with greater concept of *Agni*. It means that the ancient Acharaya gave utmost importance to the balanced functioning of the digestive track. The incidence and prevalence of a disease can be understood by studying the literature and available documentation of that era. While viewing the Ayurvedic classics written many centuries ago, it appears that the disease and symptoms related to various ailments of Grahani are found in scattered chapters. No doubt the food provides nourishment to Deha-dhatus and is the enhancer of immunity, strength and complexion but in effects it is the *Agni* that plays a vital role in this connection because tissue elements like rasa etc. cannot even originate from undigested food particles. Extinction of Jatharagni leads to death, its proper maintenance helps a person to live long life and its impairment leads to diseases. Therefore *Jatharagni* is considered to be the root of living being. ^[1] If Agni is in normal state and if the individual takes appropriate quantity of food, then there will be proper digestion of food which leads to maintenance of the equilibrium of all the tissue elements. Diminished digestive power brings about Vidaha (burning sensation) which moves upwards and downwards in gastrointestinal tract. When the digested and undigested food move downwards, the condition is known as *Grahani*. Here the food remains in the state of Vidagdha leading to symptoms like

Constipation or diarrhoea, thirst, dysphagia, tastelessness, excessive salivation, dyspnoea, vomiting, fever and eructations. [2]

Grahani Dosha/Roga

According to Acharaya Charak, Grahani which is the site of *Agni* is so called because of its power to restrain (Grahanat-the downward movement) food. It is located above the umbilical region, and is supported and nourished by the strength of *Agni*. Normally it restrains the downward movement of undigested food and after the digestion, it release the food through its lumen. In the abnormal condition, when it gets vitiated because of weakness of *Agni* it releases the food in undigested form only.[3] Acharaya Sushruta elucidates that the Shashthipittdharakala situated in between the stomach and the large intestine is called *Grahani*.^[4] According to Ashtang Sangraha, the ingestion, digestion, absorption and assimilation of the four type of *Aahaar* and the subsequent elimination of the waste material is done by Grahani. [5] According to Chakrapani, Trividh anomalies of the Jatharagni is called Grahanidosha. [6]

Etiological Factors for Grahani Dosha

There seems to be unanimity among the various Acharayas when they elucidate the reasons of *Grahani Dosha/Roga*. Acharaya Charak and Sushruta have classified two types of broad reasons and have categorized the disease according to them. Acharaya Charaka stresses

more on reasons which are of the dietary and lifestyle related i.e., Aaharjanya (Food habits): Abhojanat (Excessive fasting), Ajeernabhojanat, Attibhojanaat (excessive eating), Visamasanat (irregular eating), Asatmya Guru, Sheeta, Ruksa, Sandusta Bhojanat etc. Improper administration of Vamana, Virechana and Snehana therapies, Vyadhikarshanat and Vegavidharana (suppression of natural urges). [7] Acharaya Sushruta has described it as a sequel to the intake of wrong diet after the incidence of diarrhea. [8]

Role of etiological factors for *Grahanidosha/Roga* mentioned in treatise in the present day perspective

With the passage of time a considerable change has occurred in the lifestyle and food habits of individual in comparison to what it is used to be during the time the most ancient texts were written. In present era life is moving at fast pace, totally unhealthy diet which includes fast foods and aerated beverages accompanied by abreacted daily routine and mental stress has reinforced the importance of the above mentioned etiological concept of Acharayas. All these etiological factors ultimately results into imbalance of the body humours (Vata, pitta and Kapha) and deranged the Agni. No Surprise, there is increased preponderance of the diseases now-a-days which have *Grahani Roga/Dosha* as a Central presentation. It is most important part of pathogenesis of a disease. According to Charak, being thus vitiated a person does not digest even the light food. This undigested food become sour in taste and it works like an unsuitable product. [9]According to Acharaya Sushruta, if a person is cured of Atisar but continues with the indiscretion of diet and the lifestyle, it will lead in to Mandagni resulting in risk of acquiring Grahani Dosha/Roga. [10]

Premonitory symptoms

According to Acharaya Charka *Trishna* (thirst), *Aalasya* (feeling of laziness), *Balakshaya* (Diminision of strength), *Aanvidaah* (burning sensation), *Chir Pakka* (delay in digestion of food) and *Gaurvam* (heaviness of the body) are the premonitory sign and symptoms of *Grahanidosha/roga*. [11] Acharaya Sushruta while describing the above said Poorvaroopa have additionally described *Aruchi* (Anorexia), *Kasa* (Cough), *Karnakshveda* (Tinnitus) and *Antrakunjana* (Gargling sound of Abdomen) as the premonitory signs. [12]

Pathogenesis

When a person consumes Agnidusthikara Nidanas, it results in disturbance in equilibrium of Manas and Shareerika Dosha. This Dosha Vaishyama passes through different stages and ultimately produces disease. The concept of Kriyakala described the mode and stage of development of disease. A good understanding of pathogenesis of disease is essential for early diagnosis, prognosis and for adopting and preventive measures. Grahani Roga is a disease which is superimposed over preexisting Agni dushti, due to injudicious Aahara and Vihara. When a person with Agnimandhya indulges in consumption of injudicious Aahara and Vihara the Grahani Roga engenders. Because of the Agni dushti, ingested food is not properly digested and results in Apachana (indigestion) and Ama formation. Thus, the food attains

Shuktata. At this stage, Dosha i.e., Kledaka Kapha, Pachaka Pitta, and Samana Vayu sheltered in the organ and Grahani gets vitiated. The Shuktapaka stage leads to Anna-visha formation. Here indigested food undergoes fermentative changes. Now in this condition food attains such a form that it becomes able to produce so many ailments like poison does. Anna Visha gets located in Grahani and further vitiates it, resulting in functional (Karyatmaka *Vikriti*). The *Annavisha* may also spread in the whole body through Rasa, and mixes with Doshas, Dushyas or Dhatus. *Annavisha* while, remaining in the *Grahani* and spread in the whole body through Rasadi Dhatus produces symptoms, Viz. Vistambha (Abdominal distention), Sadana (feeling of prostration), headache, fainting and giddiness, stiffness of back and lumber region, yawning, malaise, morbid thirst, fever, vomiting, tenasmus, anorexia and indigestion of food. This is a serious condition and is named as *Grahani Roga*. [13]

Clinical Features

The most common symptoms of Grahani Dosha /Roga is Mandagni (weak digestive fire) which brings out the Vidagdha (a part of which is digested and the other part is undigested) of food, which moves upward and downward in the Gastro intestinal tract. The digested and the undigested food move downwards and the condition is called *Grahaniaaada*. In this condition entire food material usually remains in the state of Vidhagdh. In association with Trishna (Thirst), Aaruchi (Anorexia), Verasya (Distaste of Mouth), Praseka (Excessive salivation), the afflicted person voids stool in large quantity either in solid or liquid form. He also suffers from oedema in Legs and Hands. Pain in Bones and Phalanges, Chhardi (Vomiting), Jwara (Fever) and Tikata Amaludhgaar (Eructations having metabolic smell of Ama and Bitter as well as sour taste).[14] Acharaya Sushruta described that the patient suffering from Grahani Dosha complains of Oedema on hand and feet, weight loss, pain in joints, urge to eat food of all taste, thirst, vomiting, fever, heat in body. There is reduced desire to eat food. [15]

Ayurvedic Management of Grahani Dosha

The first and foremost principle of treatment of any disease is Nidana Parivarjana. Ayurveda is the only system which elaborately advocates the disintegration of the pathogenesis as a form of treatment. Acharya Bhav Prakasha says that Grahani Dosha should be treated like that of Ajeerna Roga. Langhana and Deepana medicines should be used along with the medicines which are given in case of Atisara should be used.[16] If the Ama moves downwards and remain adhered to the colon then the patient should be given purgation therapy with such drugs which are stimulant to digestion. If the Dosha in its Ama stage is converted into rasa and pervade the other parts of body, then the patient should made to fast and be given drugs conducive to Pachana. [17] To cover all the signs and symptom of the *Grahani dosha* Ayurvedic texts describe an ample range of classical medicines. Many expert physicians use single drug therapy while treating the patients. In case of *Grahani Dosha/Roga*, there is huge range of crude drugs which can be used independently or mixed with other medicines. One of the most important single drug medicine used is Husk of Ashvagol which shows very good effect in relieving the complaint of incomplete evacuation by forming bulk stool. An interesting finding that has emerged, patients who modified their life style and food plan along with the *Pathya Apathya*, balanced daily regime as explained by the text will get cured and one of the best *Pathya* for *Grahani* is daily use of butter milk (*Takra*).

Importance of Butter Milk

For a patient suffering from the Grahanidosha, butter milk is the excellent drink because it stimulates the power of digestion, it is Grahi and easily digestible. Butter milk is sweet, sour, astringent in taste; light and dry in properties, hot in potency and sweet in metabolism. Because of Madhura (sweet) Vipaka, it does not cause aggravation of Pitta. Because of its astringent taste, hot in potency, it is useful for counteracting the aggravated Kapha. Because of the sweet and sour taste, it is useful for counteracting the aggravated Vayu. When freshly prepared it does not cause burning sensation. Acharya Charak has given a detailed description of how butter milk needs to be administered in a patient of *Grahni*, giving due concentration to his digestive fire, he ranges the duration of treatment either 1 week, 10 days or maximum for a month. In this duration, butter milk is administered in the morning and Takra or Takralehika or Takrapeya with rock salt or *Takrandana* with fat is administered in patient with poor, good, better, and still better state of digestive fire respectively.[18] Therefore all the recipes of butter milk described for the treatment of Jathra and Arsha should be used for the treatment of *Grahanidosha/roga*. [19] Acharya Vagbhata has advised buttermilk as a drink when Ama (Undigested material/toxins) is present in *Grahani* (IBS). In Grahani Roga (IBS), powder of drugs of Pachana Grahi (bowel binding) (digestive). and (carminative/ that which improve digestive power) groups along with buttermilk or buttermilk alone is beneficial. *Takrarishta* (Fermented preparation of buttermilk) or sour Buttermilk is advised in Grahani (IBS) caused due to aggravated Kapha. Though freshly prepared buttermilk is astringent in taste and good for pacifying Kapha, but for stimulating digestive fire, sour type of buttermilk is beneficial and hence it is recommended in Grahani (IBS) caused due to aggravated Kapha.[20] According to Bhavaprakasha, He who uses butter milk daily does not suffer from diseases and the diseases cured by butter milk do not reoccur, just as Amrita (divine nectar) is for the Gods, butter milk is for humans.[21] Buttermilk has characteristically sour taste, increased activity of buttermilk is primarily due to lactic acid produced by Lactic acid bacteria; while fermenting lactose, the primary sugar in milk. The tartness of buttermilk is due to acid in the milk. As the bacteria produces lactic acid, the ph of the milk decreases and casein, the primary milk protein, precipitates, causing the curdling or clabbering of milk. Buttermilk has probiotic qualities that help to regulate the functions of Gastrointestinal system. [22]

Takraor butter-milk serves as a natural substitute for the probiotics. Corticosteroids used in the treatment of IBD decreases the ability of the body to cope up with physical stress and also suppress the immune system activity, causing increased risk of infection. Considering the hazardous effect of these medicines in a long run,

better management options are available in Ayurveda and *Takraprayoga* is one such. ^[23]

Nutritional fact of 100 ml of Butter Milk[24]

Total fat 0.88 g, Saturated fat 0.55 g, Cholesterol 4. 00 mg, Total carbohydrates 4.79 g, Protein 3.31 g, Vitamin A 26 IU, Vitamins C 1.00 g, Sodium 105.00g, Calcium 116.00 g, Iron 0.05 mg, Potassium 151 mg, Lysine 0.28 g.

Husk of Ashvagol in management of Grahani

Ashvagola (Plantagoovata) belonging to Plantaginaceae family is a miraculous drug for curing Grahani disease. Isabgol husk is an herbal medicine and used for the treatment of habitual constipation; in conditions in which easy defecation with soft stools is desirable, e.g. in cases of painful defecation after rectal or anal surgery, anal fissures and hemorrhoids and in patients to whom an increased daily fibre intake may be advisable e.g. as an adjuvant in constipation predominant irritable bowel syndrome, as an adjuvant to diet in hypercholesterolemia. [25]

The drug is sweet in taste; heavy and unuctuous in properties; cold in potency and sweet in metabolism. *Ashvagol* Husk gives best results in patients with constipation due to spastic colitis. [26] The pharmacological effects, gut motility and transit rate can be modified by Ispaghula husk through mechanical stimulation of the gut wall depending on the increase in intestinal bulk by water and the decrease in viscosity of the luminal contents. When taken with a sufficient amount of liquid (at least 30 ml per 1-gm of husk), it produces an increased volume of intestinal contents due to its highly bulking properties and hence a stretch stimulus occurs which triggers defecation. At the same time the swollen mass of mucilage forms a lubricating layer which makes the transit of intestinal contents easier. [27]

In one study, patients were given *Ispaghula* seeds and Ispaghula husk. After 15 days of treatment, there was symptomatic improvement in patients of IBS. After 30 days treatment, 27 out of 30 patients reported symptomatic improvement and their need for antispasmodic medication dropped by more than 50%. [28] In an experimental study, P. ovata seeds ameliorated the development of colonic inflammation in transgenic rats as evidenced by an improvement of intestinal cytoarchitecture, significant decrease in some of the pro-inflammatory mediators and higher production of short-chain fatty acids. [29] Plantago seeds act as laxative which is due to the increased volume of the mucilage within the seed membrane; thereby it increases the volume of stool and softens intestines. Plantain seeds should always be administered with plenty of water. [30]

CONCLUSION

It is seen that in the clinics of every medical practitioner whether Ayurvedic, Homeopathic or of Allopathic system of medicine, they receive large number of patients which are *Grahani Dosha* centric but such patients can be best treated with Ayurveda drugs and diet regimens. The nutritional contents of butter milk help in relieving different symptoms of *Grahanidosha* while the husk of *Plantago ovate* helps in relieving the spasmodic pain found in patient of IBS. Further, experimental and

clinical studies are required to evaluate the efficacy of Butter milk and *Ashvagola* in management of *Grahanidosha*.

REFERENCES

- 1. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 14, verse 77). Varanasi; Chaukhamba Bharti Academy; 2007. p. 430.
- 2. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 3-4). Varanasi; Chaukhamba Bharti Academy; 2007. p. 452.
- 3. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 42-43). Varanasi; Chaukhamba Bharti Academy; 2007. p. 460.
- 4. Kaviraja Ambikadutta Shastri. Susruta Samhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 169). Varanasi: Chaukhamba Sanskriti Sansthan: 2008. p. 237.
- 5. Kaviraj Atrideva Gupta. Ashtanga Samgraha, Vol. 1. (Sharir Sthana 5, Verse 23). Varanasi; ChawkhambaKrishnadas Academy; p. 299.
- 6. Vaidya Yadavaji Trikamji. Charaka Samhita with Ayurveda Dipika Commentary of Chakrapanidatta, (Chikitsa Sthana 15, Verse 12) Varanasi; Chaukhambha Prakashan; p. 513.
- 7. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 42-43). Varanasi; Chaukhamba Bharti Academy; 2007. p. 460.
- 8. Kaviraja Ambikadutta Shastri. Susruta Samhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 167). Varanasi; Chaukhamba Sanskriti Sansthan; 2008. p. 237
- 9. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 44). Varanasi; Chaukhamba Bharti Academy; 2007. p. 460.
- 10. Kaviraja Ambikadutta Shastri. Susruta Samhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 167). Varanasi; Chaukhamba Sanskriti Sansthan; 2008. p. 237.
- 11. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 55). Varanasi; Chaukhamba Bharti Academy; 2007. p. 462.
- 12. Kaviraja Ambikadutta Shastri. Susruta Samhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 172). Varanasi; Chaukhamba Sanskriti Sansthan; 2008. p. 239.
- 13. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 42-44). Varanasi; Chaukhamba Bharti Academy; 2007. p. 460.
- 14. Pt. Kashinatha Shastri and DrGorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 51-54). Varanasi; Chaukhamba Bharti Academy; 2007. p. 461.
- Kaviraja Ambikadutta Shastri. SusrutaSamhita of Maharishi Sushruta, Part –II (Uttaratantra 40, Verse 173-

- 174). Varanasi; Chaukhamba Sanskriti Sansthan; 2008. p. 239
- Brahma Shankara Mishra and Rupalalji Vaishya.
 Bhavprakasha of Shri Bhava Mishra, Part I (Madhya Khanda, Grahani Adhikara, Verse 27).
 Varanasi; Chaukhambha Sanskrit Bhawan; 1990. p. 34
- 17. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 196-197). Varanasi; Chaukhamba Bharti Academy; 2007. p. 485.
- 18. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 14, verse 77-78). Varanasi; Chaukhamba Bharti Academy; 2007. p. 430.
- 19. Pt. Kashinatha Shastri and Dr Gorakhanatha Chaturvedi. Charaka Samhita of Agnivesha, Part-2 (Chikitsa Sthana 15, verse 117-119). Varanasi; Chaukhamba Bharti Academy; 2007. p. 469.
- 20. Lakshmi Anoop. Medicinal Properties and Therapeutic uses of Takra (Buttermilk) and its Preparations. Int J Ayu Pharm Chem 2015 Vol. 3 Issue 1.
- 21. Brahma Shankara Mishra and Rupalalji Vaishya. Bhavprakasha of Shri Bhava Mishra, Part I (Madhya Khanda, Grahani Adhikara, Verse 35-38). Varanasi; Chaukhambha Sanskrit Bhawan; 1990. p. 35.
- 22. Hegde Gajanana, S Supriya. Takra: A Nectar on Earth. Journal of Biological & Scientific Opinion. Vol. 2 (6). 2014.
- 23. Rajendra Nirgude, Sandeep V. Binorkar, Gajanan R. Parlikar, Milind C. Kirte, Deepak P. Savant. Therapeutic and nutritional value of Takra (Butter milk). IRJP 2013, 4 (2).
- 24. Sa<mark>lian S Sahanaet; al. Takra Prayoga In Grahani. International Ayurvedic medical Journal Volume 4; Issue 05; May- 2016.</mark>
- 25. J. L. N. Sastry. Illustrated Dravyaguna Vijnana, Vol. II. Foreword by K. C. Chunekar. Varanasi; Chaukhambha Orientalia; 2014. p. 902.
- 26. Daggy BP, O'Connell NC, Jerdack GR, Stinson BA, Setchell KDR. Additive hypocholesterolemic effect of psyllium andcholestyramine in the hamster: influence on fecal sterol and bile acid profiles. J Lipid Res. 38:491-520.
- 27. Dr. J. Wiesner. Assessment Report on *Plantago ovate* Forskk. semen. European Medicines Agency, Committee on Herbal Medicinal Products; 2013. p. 12.
- 28. Rodríguez-Cabezas ME, Gálvez, J, Camuesco, D, Lorente MD, Concha A, Martinez Augustin, O, Redondo L, Zarzuelo A. Intestinal anti-inflammatory activity of dietary fiber (Plantagoovata seeds) in HLA-B27 transgenic rats. Clinical nutrition, 2003; 22 (5): 463-471.
- 29. Devroede G. Gastrointestinal Disease: Pathophysiology, Diagnosis, Management. In. Sleisinger MH, Fordtran JS. (Eds.). WB Saunders: Philadelphia; PA. 1993; p. 837-887.
- 30. Kazhal Haddadian, Katayoon Haddadian & Mohsen Zahmatkash. A review of Plantago plant. Indian Journal of Traditional knowledge, Vol. 13 (4), October, 2014, p. 681-685.

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*Address for correspondence Dr.Preeti Sharma

Medical Officer, Rashtriya Bal Swasthya Karyakram, Jammu and Kashmir.

Mob.: 9906289159

Email: sharmaprete@gmail.com