

Grahani

Grahāṇī

(The Ayurvedic spectrum of mal-absorption & chronic loose stool)

Chief classical sources • Caraka Saṃhitā – Chikitsā 15 “Grahāṇī Cikitsitam” • Suśruta Saṃhitā – Uttara 40 “Grahāṇī” • Aṣṭāṅga Hṛdaya – Chikitsā 12 • Mādhava Nidāna – 7

1. Rogaparicaya (Concept & Definition)

1. Etymology – The term “Grahāṇī” denotes **the organ that holds (grahaṇa)** food till digestion is complete. Anatomically it corresponds to the duodeno-jejunal segment with associated pancreatic-hepatobiliary secretions; physiologically it is the seat of **Pācaka-Agni**.
2. Pathology – When Agni becomes manda / vitiated, Grahāṇī fails to retain chyme for adequate time causing alternation of stools (loose / constipated), indigestion and mal-nutrition.
3. Modern semblance – Mal-absorption syndrome, irritable bowel, tropical sprue, chronic infective / inflammatory diarrhoea (correlation for study only).

2. Types (Bheda)

Basis	Sub-type	Key features	Classical reference
1. Doṣa predominance	a. Vātaja	Pain, gurgling, dry hard stools alternating with loose; relief after flatus	CS Ch 15/42
	b. Pittaja	Burning, yellow-green loose stool, thirst, foul smell	CS Ch 15/44
	c. Kaphaja	Mucous, heaviness, nausea, sticky pale stool	CS Ch 15/46
	d. Sannipātaja	Mixed signs, chronicity, emaciation	CS Ch 15/47
2. Saṃga (obstruction)	Āmā Grahāṇī	Presence of undigested food particles, foul odour	AH Ch 12
	Nirāmā Grahāṇī	Post-purificatory stage; frequency ↓ but weakness persists	AH Ch 12
3. Complications	Grahaṇī + Ajīrṇa, + Atisāra, + Raktapitta etc.	-	-

3. Nidāna-Pañcaka

3.1 Nidāna (Aetiological factors)

1. Āhāraja
 - Guru-snidha-pichchhila food in excess (new grains, cheese, fried)
 - Viruddhāhāra (milk-fish, fruit-milk)
 - Adhyāśana (re-feeding without hunger), Vishama āhāra kāla (irregular timing)
 - Ati-drava āhāra (excess liquids / alcohol)
2. Vihāraja
 - Vega-dharana (suppression of flatus / stool)

- Divā-svapna, sedentary life, night vigil
 - Excess travel, psychological stress
3. Other
- Post-infective GI, parasites, chronic liver/gall pathology, indiscriminate purgation.

3.2 Pūrvārūpa (Prodrome)

1. Anorexia or craving for improper food
2. Erratic bowel habits
3. Abdominal distension after meals
4. Metallic taste, belching, tiredness.

3.3 Rūpa (Cardinal features)

- Alternating constipation & loose stool (sarpi-tailābha stool)
- Undigested food particles in stool (vikṛta gandha)
- Pain relieved temporarily after defecation
- Loss of strength, weight and complexion.

Doṣa-specific signs are provided under “Types”.

3.4 Upaśaya / Anupaśaya

Upaśaya (palliative)

Anupaśaya (aggravating)

Taking warm spiced buttermilk, fasting, dry ginger water Heavy meals, cold iced water, day-sleep, emotional stress

3.5 Saṃprāpti (Pathogenesis - flow)

Nidāna → **Agnimāndya** → Āma formation → Kapha-Āma coating on Grahāṇī villi → improper chyme retention → Vāta derangement (visarpa of contents) → Either premature expulsion (atisāra picture) or alternation (grahāṇī lakṣaṇa) → systemic dhātu-kṣaya.

4. Saṃprāpti-Vighaṭana (Therapeutic break-up)

1. Āma-pācana (Deepana-Pācana) to liquefy & digest morbid kapha/āma.
2. Śodhana - remove lodged doṣa (Vamana for Kapha-āma, Virecana for Pitta, Basti for Vāta).
3. Grahāṇī sthira karaṇa - strengthen digestive mucosa & Agni with gṛīta, buttermilk, dhānya-kanji.
4. Dhātu-puṣṭi - Bṛṃhaṇa & Rasāyana once bowels stabilise.

5. Doṣaja Cikitsā Sūtra (Concise Therapeutic maxims)

1. **Vātaja Grahāṇī** “Sneha-sveda-basti-pradhānaḥ, piṭṭha-kaṭu dīpanaṃ varjayet”
2. **Pittaja Grahāṇī** “Śīta-tikta-madhura virecana-yuktaṃ, dughda-takra sevana”
3. **Kaphaja Grahāṇī** “Kaṭu-tikta-uṣṇa dīpana → vamana → rūkṣa-langhana”
4. **Sannipātaja** “Pūrvakarma-samyak → karma basti 16, śamana gṛīta-takra”
5. **Āmā vs Nirāmā Stage** “Āmā-pācana pūrvam; nirmāṃe stambhana & bṛṃhaṇa”

6. Cikitsā-Yojanā (Stepwise Clinical Plan)

6.1 Śodhana (Biopurification)

Doṣa / Stage	Procedure	Classical Yoga	Typical Dose / Days
Kaphaja / Āmā	Vamana	<i>Ikṣvāku phala kvātha</i> + Madhu	One sitting, day-1
Pittaja	Mṛdu Virecana	<i>Avipattikara cūrṇa</i> / <i>Trivṛt lehya</i>	8-12 g HS × 1-3
Vātaja / Chronic Karma-Basti (Yoga-Basti)		<i>Daśamūla kvātha</i> , <i>Eranda-taila</i>	16 schedule
Post-śodhana	Takra-dhārā (buttermilk stream enema) -		3 days (if mucus)

Pregnancy, extreme emaciation → avoid strong śodhana.

6.2 Śamana Aushadha-Yoga

Formulation	Text	Indication	Dose & Anupāna
Pañcakola Cūrṇa	Cakradatta	Āma-pācana, dīpana	3 g before meals with hot water
Grahāṇī-Kutaja Cūrṇa / Ghanavaṭi	CS Bh.Pr.	All types, anti-diarrhoeal	2 tabs (500 mg) TID
Musta-Yashtimadhu Kāṣāya	AH Ch 12	Pittaja with dehydration	50 ml BID
Dadimāṣṭaka Cūrṇa	Cd	Vātaja & Grahaṇī-atisāra overlap	3 g with takra, after meals
Śankha-Vaṭi	B.P.	Flatulence, acid dyspepsia	250 mg TID with lime juice
Dhātryādi Ghṛta	CS Ch 15/114	Post-purification mucosal healing	10 ml HS warm milk
Takrāriṣṭa	BRC	Nirāmā stage appetite enhancer	15 ml with equal water after food
KutajaĀsava	Bhaishajya Ratnākara	Kaphaja / infective	15 ml BID

6.3 Dietetic & Regimen therapy

- Takra kalpanā (therapeutic buttermilk)** - churned, devoid of butter, add roasted cumin + rock-salt; 100-200 ml after lunch/dinner.
- Dhānyā-Kāñji** - fermented rice-gruel with Sunthi-Pippali; improves microbiome & binds stool.
- Laja-Māṇḍa** - thin gruel of popped rice + pomegranate + musta for rehydration.
- External** - Gentle abdominal **Nabhivasti** with warm Saindhava ghṛta; local rukṣa-upanāha in Kapha load.

7. Pathya-Apathya

7.1 Pathya (Recommended)

- Light warm meals, **old shāli rice + green gram soup**
- Spiced buttermilk, pomegranate, nutmeg, ajwain, dry ginger, cumin
- Cow ghee 1-2 tsp per meal (after nirāmā stage) • Warm water, coriander-fennel infusion for sipping
- Regular small meals, early dinner, 100-step post-meal walk
- Yogāsana - Vajrāsana (post-meal), Pavanamuktāsana, Ardha-matsyendrāsana
- Psychological discipline - meals in calm mind, adequate sleep.

7.2 Apathya (To be avoided)

- New grains, pastries, cheese, heavy meat, raw salads at night
- Curd at night, ice-cream, carbonated drinks, alcohol, smoking
- Viruddhāhāra combinations, frequent snacking / binge eating
- Day-sleep immediately after meals, excessive screen time during eating
- Unsupervised purgative / laxative abuse.



8. Follow-up & Prognosis

1. **Āmā Grahāṇī** – sādhyā within 2-4 weeks with strict dīpana-pācana & pathya.
2. **Doṣaja chronic (>6 months)** – kṛcchra-sādhyā; requires full Karma-basti & rasāyana for several months.
3. Presence of *raktapitta*, ascites, severe weight loss → **Dusta Grahāṇī** – yapya / asādhyā; multidisciplinary care.

Periodic evaluation of body weight, stool frequency, and Agni scores guides tapering of medicines.

9. Selected Classical Quotations

1. “Grahāṇī agnimandya sati doṣā āma-sambhavā bhavanti” – CS Ch 15/6
2. “Takraṃ grahāṇyām uttamaṃ pācana-dīpana-balyaṃ ca” – AH Ch 12/37
3. “Pañcakolaṃ ca grahāṇī-rogam prakarṣen nihanti” – Cakradatta 8

10. Quick Reference Flow-Chart

Etiology → Agnimāndya → Āma coating → Grahāṇī failure
↓ ↑
Dīpana-Pācana (Pañcakola) ← Pathya Takra
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Doṣa-śodhana (Vamana/Virecana/Basti)
↓
Mucosal healing (Ghṛta, Rasāyana)
↓
Br̥hṇaṇa diet & lifestyle