

## 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 agnimandye 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)  
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Br̥hṇaṇa diet & lifestyle