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ADDRESS:

CHEMBUR, MUMBAI

EMAIL

ayurlog33@gmail.com

WEBSITE

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Agnimandya is a precursor in *Grahani* disease

ABSTRACT:

Grahani a chronic disease is caused due to imbalance in Agni. The primary function of *Grahani* part is to retain food, digest it then segregate and remove it out to intestine. When the *Grahani* function is hampered, absorption process is affected at major, which leads to inadequate absorption of essential material to healthy wellbeing. Thus, this study was carried out to determine role of different types of agni in *Grahani*. To fulfill the aim a total of 60 patients showing cardinal symptoms of *Agnivikruti*, *Mahastrotas vikruti* were enrolled and were checked with various subjective criteria. Upon statistical analysis of the gathered data, it became evident that patients who had *Agni* impairment, consequently landed into the *Grahani* disorder.

KEYWORDS

Grahani dosha, Grahani, Agni, Agni Dushti.

AUTHORS

Ankita Patil^{*1}, Anaya Pathrikar², Nitin Kamat³

¹3rd year PG Scholar, ²HOD and Professor, ³Professor and Ex Principal,

Kayachikitsa Department, APM'S Ayurved Mahavidyalaya, Sion, Mumbai, Maharashtra.

***CORRESPONDING
AUTHOR**

ankspatil13@gmail.com

INTRODUCTION - Ayurveda establishes a close relationship between *Agni* and *Grahani*, where they are reliant on each other. *Agni* is the key factor in maintenance of health when its normal viz and viz causative factor for almost all diseases, when it's abnormal.

सर्वे रोगा मन्दानिलो..(A H Nidan)

It means all the disease arrive as an outcome of *Agnimadhya*¹. Also rightly said,

शान्तेअग्नौ म्रियते, युक्ते चिरञ्जीवत्यनामयः।

रोगी स्याद्विक्रुते मूलं अग्निस्तस्माद् निरुच्यते॥

Impairment of *agni* leads to range of diseases and ultimately to death also and if *agni* is good then human life increases. Thus, *agni* is the main base of healthy life². It is also because *Agni* is the power present in each body element and is responsible for conversion of material into a form which is acceptable and favorable for nutrition and growth of body i.e along with *Pachan* the *Parinaman* is to be emphasized.

So it is imperative to manage 'Agni' i.e. if it's normal maintain, nourish and nurture it. If *Agnidushti/ Agnivikruti/ Derailment of Agni* is evident; immediate rectification with best available drugs, therapies is essential. Additionally, its classical function involves propelling well-digested food toward the next stage for nourishment. Four functional states of *Agni* are based on predominant *Dosha* : (a) *Mandagni*, with suppressed *Jatharagni* due to kapha; (b) *Tikshnagni*, hyperactive *Jatharagni* due to pitta, facilitating rapid digestion; (c) *Vishamagni*, irregular *Agni* due to *vata*, leading to unpredictable digestion; and (d) *Samagni*, equilibrated *Agni* when tri

doshas are balanced, ensuring consistent and harmonious digestion. *Mandagni* shows indigestion complaint for longer period of time, *Tikshnagni* accelerates digestion causing intense hunger and potential discomfort, *Vishamagni* results in erratic digestion and associated issues due to *vaat*.

So management of *Agni* is one of the 8 branches of Ayurveda; namely '*Kayachikitsa*'. '*Grahani*' organ is seat of *Agni* and *Grahani vyadhi* is disease due to abnormal *Agni* where there is a ultimate abnormality of organ also. Functionally weak *Agni* i.e., *Mandagni*, causes improper digestion of ingested food, which leads to *Ama Dosha*. This *Ama Dosha* is a root cause of most of the diseases. It has pivotal importance in the pathogenesis of *Grahani Roga*.

AIMS AND OBJECTIVE:

1. To rule out that *Grahani* Disease is proceeded by *Agnidushti*.
2. To assess *Agnidushti* in *Grahani*.

MATERIALS AND METHODS:

Type of study - Observational study.

Study location - OPD and IPD of our Ayurvedic Hospital.

Sample size – 30 in Group A of OPD, 30 in Group B of IPD.

INCLUSION CRITERIA:

- Patients between 16-60 years of age of all genders.
- Patients having *lakshanas* of *Grahani*.

For.eg : *Aruchi, Kshudhamandhya, Bahudravasaranam, Murhubaddham Murhudravam, etc.*

DIAGNOSTIC CRITERIA:

All the patients were diagnosed on the basis of classical signs and symptoms of *Grahani Roga*. For the purpose of perfect diagnosis and assessment, a special research scale and

Lakshan/Koshthagat/Mahastrotasgat lakshan -

case record form was designed for the study incorporating all the relevant points from both *Ayurvedic* and modern views. A subjective and the objective criteria scale was decided.

Subjective Criteria - Following symptoms will be assested³⁻¹³ –

Sthanik

<ul style="list-style-type: none"> • <i>Arochak</i> • <i>Prasek</i> • <i>Annavidvesh</i> • <i>Hrut Kantha Daah</i> • <i>Hrullas</i> • <i>Kanthatasosh</i> • <i>Avipak/ Ashraddha</i> • <i>Aadhman</i> • <i>Udgar vikruti</i> • <i>Vaat varcha nirodh</i> • <i>Kshudhamandya</i> 	<ul style="list-style-type: none"> • <i>Pravahan</i> • <i>Purisham bhrushagandhi picchilam</i> • <i>Sakaf malapravrutti</i> • <i>Krute api akrut sanyatam</i> • <i>Saruja mal pravrutti</i> • <i>Puti mal pravrutti</i> • <i>Muhru drava murhu baddham</i> • <i>Sashabda maal</i> • <i>Angagaurav</i> • <i>Alasya</i> • <i>Gruddhi sarva rasanam cha manasah</i>
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Following gradation & scoring are taken as subjective parameters to study the presence of *agnimandhya janit vikruti* of *Agni* and *Grahani Avaya*. Grade 0 – Nil, Grade 1- Mild, Grade 2 – Moderate, Grade 3 – Severe

Objective criteria of assessment –

MODIFIED IZUMO SCALE, NEW QUESTIONNAIRE FOR QUALITY OF LIFE ASSESSMENT OF PATIENTS WITH GASTROINTESTINAL SYMPTOMS¹⁴ –

Select appropriate box for each question based on your most recent one-week daily activities.	Not bothered	Not so bothered	Slightly bothered	Bothered	Strongly bothered	Intolerably bothered
1. Are you bothered by acid reflux? (<i>Amloudgar</i>)	0	1	2	3	4	5

2. Are you bothered by heartburn centered in the anterior chest? (<i>Uradaha</i>)	0	1	2	3	4	5
3. Are you bothered by epigastric pain? (<i>Udarshul</i>)	0	1	2	3	4	5
4. Are you bothered by throat discomfort? (<i>Shukkantha</i>)	0	1	2	3	4	5
5. Are you bothered by epigastric burning sensation? (<i>Udardaha</i>)	0	1	2	3	4	5
6. Are you bothered by hunger epigastric pain?	0	1	2	3	4	5
7. Are you bothered by early satiation?	0	1	2	3	4	5
8. Are you bothered by post-prandial long lasting epigastric fullness or nausea? (<i>Hrullas</i>)	0	1	2	3	4	5
9. Are you bothered by epigastric bloating? (<i>Aadhman</i>)	0	1	2	3	4	5
10. Are you bothered by a feeling of incomplete defecation? (<i>Krute api akruta sanyatam</i>)	0	1	2	3	4	5
11. Are you bothered by constipation or hard stool? (<i>Maal vaat stambh</i>)	0	1	2	3	4	5
12. Are you bothered by stress related constipation?	0	1	2	3	4	5

13. Are you bothered by fecal urgency?	0	1	2	3	4	5
14. Are you bothered by diarrhoea or soft stool? (Bahudravasaranam)	0	1	2	3	4	5
15. Are you bothered by stress related diarrhoea?	0	1	2	3	4	5

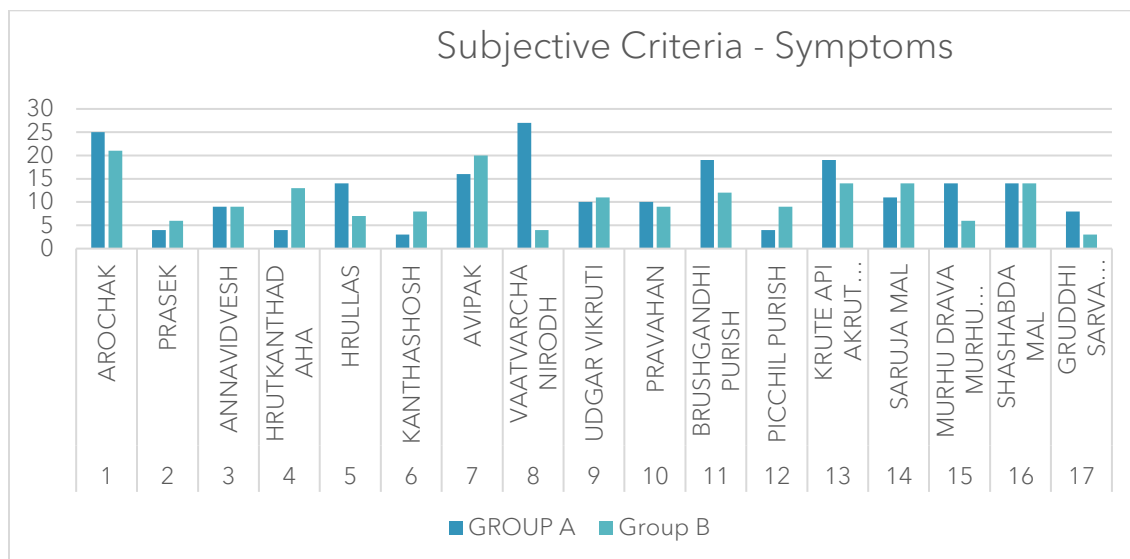
The above questionnaire was given to all patients to check on *agnidushti* related symptoms.

OBSERVATION AND DISCUSSION:

It was observed that 63% were male while 27% were female in Group A, whereas 56% were male and 44% were female in Group B; Group A included 93% Hindu and 7% Muslim religion patients, while Group B included 90% Hindu and 10% Muslim religion patients. Both Group A and B included people of all education and occupational background. Group A included 93% Married and 7% Unmarried patients, while the e Group B included 96% married and 4% unmarried patients. In Group A 70%

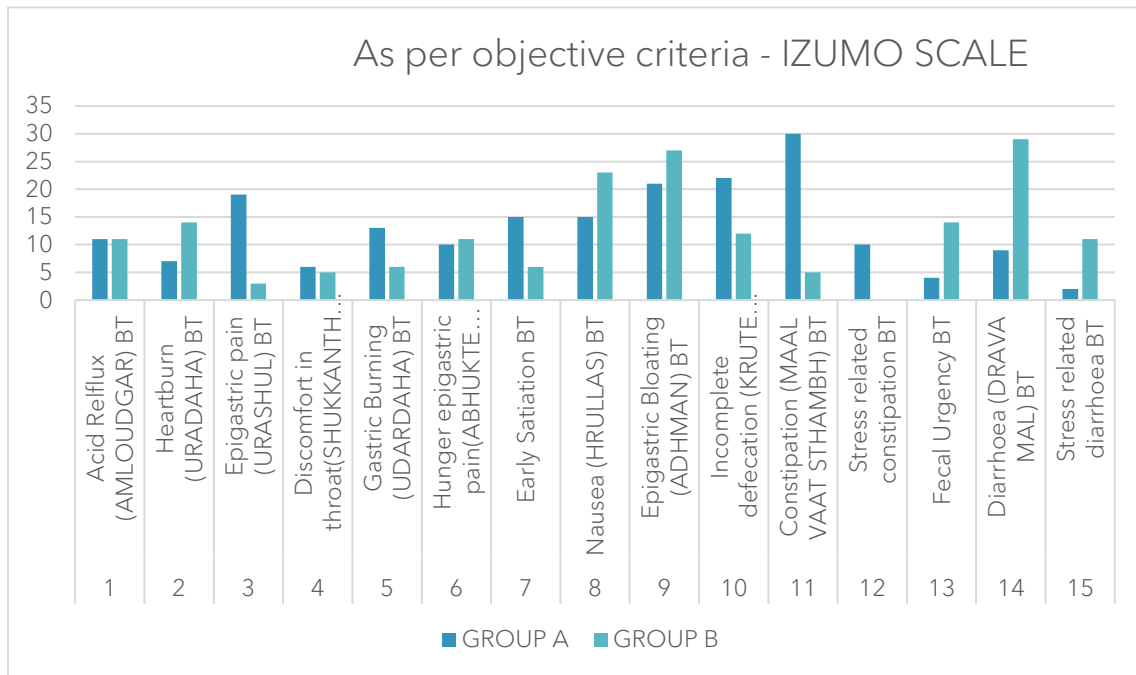
were non-addictive while Group B had 90% non-addictive patients. Diet-wise Group A included 70% non-vegetarians and 30% Vegetarians while Group B included 78% non-vegetarians and 22% Vegetarians. Avastha wise *Jeerna Madhyam Naava* all *avastha* patients were included of approximately similar count.

The subjective and the objective criteria of all the patients were measured and each patient were observed to have maximum symptoms shown in the graphical form below.



Graph 1 – This shows all the patients had symptoms of *Agnimandya janit Grahani Vyadhi*.

Sr no	Symptom	GROUP A	GROUP B
1	<i>Arochak</i>	25	21
2	<i>Prasek</i>	4	6
3	<i>Annavidvesh</i>	9	9
4	<i>Hrutkanthadaha</i>	4	13
5	<i>Hrullas</i>	14	7
6	<i>Kanthashosh</i>	3	8
7	<i>Avipak</i>	16	20
8	<i>Vaatvarcha nirodh</i>	27	4
9	<i>Udgar vikruti</i>	10	11
10	<i>Pravahan</i>	10	9
11	<i>Brushgandhi purish</i>	19	12
12	<i>Picchil purish</i>	4	9
13	<i>Krute api akrut sanyatam</i>	19	14
14	<i>Saruja mal</i>	11	14
15	<i>Murhu drava murhu baddha mal</i>	14	6
16	<i>Shashabda mal</i>	14	14
17	<i>Kshudhamandya</i>	30	30
18	<i>Udargauravta</i>	27	28
19	<i>Gruddhi sarva rasanam cha manasah</i>	8	3



Sl. no	Symptoms based on Objective Criteria of IZUMO SCALE	GROUP A	GROUP B
1	Acid Reflux (<i>AMLOUDGAR</i>) BT	11	11
2	Heartburn (<i>URADAHA</i>) BT	7	14
3	Epigastric pain (<i>URASHUL</i>) BT	19	3
4	Discomfort in throat (<i>SHUKKANTHA</i>) BT	6	5
5	Gastric Burning (<i>UDARDAHA</i>) BT	13	6
6	Hunger epigastric pain (<i>ABHUKTE URASHUL</i>) BT	10	11
7	Early Satiation BT	15	6
8	Nausea (<i>HRULLAS</i>) BT	15	23
9	Epigastric Bloating (<i>ADHMAN</i>) BT	21	27
10	Incomplete defecation (<i>KRUTE API AKRUT SANYATAM</i>) BT	22	12
11	Constipation (<i>MAAL VAAT STHAMBH</i>) BT	30	5
12	Stress related constipation BT	10	1
13	Faecal Urgency BT	4	14
14	Diarrhoea (<i>DRAVA MAL</i>) BT	9	29
15	Stress related diarrhoea BT	2	11

The above questionnaire was given to patients and it was found that each one had the symptoms disturbing the digestive system due to *Agnimandya* leading to all symptoms of *Grahani*.

Discussion:

Thus, with the above unbiased distributed data it is proved that all the symptoms related to *Agni* are observed in the patients of *Grahani* disease.

Conclusion :

From the above Survey Study: it was observed that -

Maximum number of patients who were suffering from *Grahani* was found to be having most of lakshanas of *Agnimandhya*. Further leading to conclude *Agnimandya* can be the main cause of *Grahani Roga* in my survey study.

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