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Ayurveda Perspective of *Grahani Dosha* w.s.r. to Prevalence of Disease in Children

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ABSTRACT

Grahanidosha is a disease related to intestine/bowel which may occur due to impairment of *Grahanyashrita Agni Dosha*. The pathological consequence involves *Agni Vaishamya* in *Grahani Pradesha* are associated with *Ajeerna*. Dysphagia, disturbed bowel movement, constipation, abdominal pain, frequent motion with bad smell and anorexia are the main clinical observations of the disease. The basic line of treatment involves restoration of *Agni* through *Deepana*, *Pacana* and *Shodhana* approaches. The disease pathogenesis may also initiate by microbial infection and since children are more vulnerable for microbial infection due to lack of immunity therefore prevalence of *Grahani Dosha* are more in children as compared to adult persons. This article presents general prevalence of *Grahani Dosha* in children.

KEYWORDS

Ayurveda, *Grahanidosha*, *Children* and *Agni Dosha*



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INTRODUCTION

Grahani Dosha is a pathological condition related to malfunctioning of *Agni* which is located in the *Grahani Sthana* (above *Nabhi*). *Grahani Dosha* is considered amongst the *Mahagadas* in ayurveda due to its frequent prevalence and clinical complication¹⁻³. The modern science described *Grahani Dosha* under category of digestive disorder which mainly related to sedentary lifestyle, faulty dietary habits and diversified environmental conditions. As per ayurveda *Grahani* is seat of *Jatharagni* which is nourished by the *Agni*. The malfunctioning of *Agni* aggravates factors which further disturb process of digestion leading to production of *Ama* which finally resulted *Grahani Dosha*²⁻⁵. Thus *Agnimandhya* is considered as one of the triggering factor for *Grahani Dosha*. Ayurveda recommended use of *Agni vardhanadravya* for the management of disease which offers *Deepana* and *Pachana* properties³⁻⁷. **Figure 1** described general pathogenesis of *Grahani Dosha*.



Fig 1 Pathological progression of *Grahani Dosha Rupa*:

Ati Srushta, Vibbadha Mala Pravritti, Vairashya, Praseka, Asthiparvaruka, Chhardana, Jwara and Lohanugandhi Udgara.

NIDANA OF GRAHANIDOSHA

Aharaja Nidana: *Abhojana, Ajeerna, Atibhojana, Vishamashana, Asatmya Bhojana, Guru Bhojana, Sandusta Bhojana and Atyambupana* may leads *Grahanidosha*.

Viharaja Nidana: *Vireka, Vamana, Snehavibramat, Kala Vaishamya, RutuVaishamya, Vega Vidharanat and Swapna Viparyaya* cause *Agnidosha*.

Manasika Nidana: *Chinta, Shoka, Bhaya, Krodha and Paradwesa* are *Manasika Nidana* of *Agnidosha*.

GENERAL PREVALENCE OF DISEASE IN CHILDREN:



The prevalence is more in developing countries and economic status affect probability of disease greatly. Currently the overall prevalence of disease are more than 50% and it was observed that each and every individual faced this problem at least ones in life. However the esophageal and gastro duodenal manifestations are more than bowel and anorectic trouble. More than 40% of school going children visited physician for abdominal pain before age of 15 years. Most of the children belong from age group of 3-5 years possessing *Mala Pravritti, Arochaka, Balakshaya, Trishna, MukhaVairasya* and *Amlodgara*. The incidences of *Pittaja* and *Kaphaja Atisara* are more than *Vataja Atisara*⁵⁻⁸.

MATERIALS AND METHODS

Considering the fact that Grahani Dosha mainly occurs in children a study was conducted which revealed disease prevalence in following pattern:

School going children suffering from *Grahani Dosha* were selected randomly; 30 patients were selected as per following criteria:

Inclusion criteria:

- Patients possessing symptoms of *Grahani Dosha* belongs from age group of 6-16 years irrespective of caste, sex,

religion, occupation and socio-economic status was selected for study.

Exclusion criteria:

- Patients below 06 years and above 16 years.
- Patients suffering from Chronic Debilitating Infectious Diseases.
- Congenital anomalies.
- Hereditary diseases.

PATTERN OF DISEASE PREVALENCE IN CHILDREN:

The study observed that out of 30 patients 60% of male children were suffered from disease while percentage of female children was found to be 40%. 56.66%, 23.33% and 20% diseases children were from age group of 10-13 years, 6-9 years and 14-16 years respectively.

Socio-economic status also play significant role towards the disease prevalence and children belongs from middle class society suffers more as compared to children belongs from upper middle class society. The poor hygiene and lack of awareness may cause higher incidences of *Grahani Dosha* in particular economic category.

The children belong from primary class affected more as compared to children of higher section. The children of primary sections are more vulnerable to infections due to the lack of immunity.

The other associated clinical manifestations were more of *atisara* than *kamla*. The



frequent intestinal infection increases incidences of *atisara* while improper liver functioning not observed routinely.

Poor economic status and lack of awareness caused insufficient immunization pattern therefore it was observed that only few children received proper immunization. The improper immunization may also contributed towards frequent intestinal problem like; *Grahani Dosh*.

The diet pattern revealed that more than 50% patients were vegetarian and only few children were having mixed food. The consumption of non-vegetarian foods not greatly affects frequency of *Grahani Dosh*.

Lack of appetite was also observed amongst the children and most of the student reported poor appetite and some children reported good appetite however percentage was very low. The disturbed appetite may be correlated with *Agni mandhya* due to the aggravation of etiological factors of *Grahani Dosh*. The disturbed sleep pattern was also observed amongst the patient *Grahani Dosh* may be due to the irregular bowel movement and mental irritation associated with disease. However less than 10% patients observed with disturbed sleeping pattern. The bad dietary habits also causes irritable bowel syndrome and more than 50% patients possess habits to

consume fast food, ice cream, snacks, low quality bakery products and chocolates.

The quality or *guna* of *ahara* also play significant role towards the disease prevalence; the *amla rasa* and *madura rasa* diet observed predominantly in diseased children than *lavana rasa* and *Katu rasa* diet pattern. The *sarvarasa* diet also observed around in 10% of patients. It is believed that the excess consumption of *amla rasa* and *madura rasa* disturbed *tridoshic* balance and increased the probability of microbial infections⁶⁻¹⁰.

Chikitsa of Grahani dosha:

Avoid *Abhojana*, *Atibhojana* and *Vishama Bhojana*. Consideration of *Viruddha* and *Desha*, *Kala* and *Rutu* factors. The general approaches towards the management of *Grahani Dosh* described in **Figure 2**. Medicines such as; *Marichadi Churna*, *Chitrakadi Vati*, *Takrarishta*, *Bhunimbadi Churna*, *Pancha Lavana* and *Rasanjanadi Churna* also offer beneficial effects in



Fig 2 Approaches for the management of *Grahani Dosh*



CONCLUSION

Grahanidosha is a disease of disturbed intestine/bowel functioning mainly associated with impaired *Agni Dosha*. *Agni Vaishamy* with *Ajeerna*, dysphagia, constipation, abdominal pain, frequent motion and vomiting are the major symptoms of disease. The treatment approaches involve utilization of *Deepana* & *Pacana* drugs along with *Shodhana* procedures. The disease pathogenesis associated with microbial infection and children are more susceptible for same therefore prevalence of *Grahani Dosha* are more in children. The prevalence is more in developing countries and poor economic status affect disease prevalence. Esophageal and gastro duodenal manifestations are more in children, 40% of school going children complaint for abdominal pain around age of 15 years. Children belong from age group of 3-5 years mostly possessing *Arochaka*, *Balakshaya*, *Trishna*, *Mala Pravritti*, *Mukha Vairasya* and *Amlodgara*. The children of primary section having poor economic status and improper immunization are more vulnerable to disease. Children having bad dietary habits are also more susceptible to disease like; *Grahani Dosha*.



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