MANAGEMENT OF GRAHANI DOSH USING KALPIT PICCHA BASTI AND LAJJALU CHURNA - A CASE STUDY

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ABSTRACT

Introduction:
Grahani Dosh in Ayurveda parallels Inflammatory Bowel Disease (IBD), characterized by chronic diarrhea, abdominal pain, and malabsorption due to *Agni Dushti*. This case is unique in demonstrating the efficacy of *Kalpit Piccha Basti* with *LajjaluChurna* in Ulcerative Colitis.

Clinical findings:
A 24-year-old female presented with frequent loose stools (4–5/day), abdominal pain, mucus and blood in stool, anorexia and weakness.

The primary diagnoses, interventions, and outcomes:
Diagnosed with *Grahani Dosh* corresponding to Ulcerative Colitis, she received *Kalpit Piccha Basti* for 8 days, *LajjaluChurna* 3 g twice daily with luke warm water, after meals and dietary-lifestyle support. By day 60, bowel frequency normalized to 1–2/day, stools were well-formed, mucus and blood resolved, assessment scores dropped from 20 to 6 and weight increased by 2 kg.

Conclusion:
The patient showed good improvement with *Kalpit Piccha Basti* and *LajjaluChurna* in managing *Grahani Dosh*, suggesting their effectiveness in alleviating symptoms related to *Grahani Dosh*.

KEY WORDS

Grahani Dosh, Inflammatory Bowel Disease, Ulcerative Colitis, *Piccha Basti*, *Lajjalu Churna*, *Panchakarma*

INTRODUCTION

Pittadhara Kala, the layer situated between *Aamashaya* and *Pakvashaya*, is termed *Grahani*.[1] It serves as the *Adhishthana* (seat) of *Agni*.[2] When *Agni*gets vitiated, *Grahani* is disturbed, which in turn leads to *Grahani Dosh*.[3] *Aacharya Vagbhata*has included *Grhni dosh* among the *Ashta Mahagada* (eight major diseases).[4] Following *Atisara* (diarrhea), continued intake of *Asatmya Ahara* (unwholesome food) aggravates the *Doshas*, weakens *Agni*, and causes *Mandagni*, resulting in improper digestion (*Pachana*) and absorption (*Shoshana*) of *Rasa Dhatu*.[5] Clinically, this manifests as *Atisrishtam, VibaddhamvaDravam*(excessive, constipated, or loose stools), digestive disturbances like *Aruchi* (loss of appetite), *Trishna* (thirst), *Chhardi* (vomiting), *Vairasya* (bad taste), *Praseka* (salivation), along with *Asthiparva Ruk* (joint pain) and *Jwara* (fever).[6]

The *Ayurvedic* concept of *Grahani Dosh* closely parallels modern Inflammatory Bowel Disease (IBD) in pathogenesis and clinical features. Symptoms of *Grahani* include *Drava*

Mala Pravritti(loose stools), abdominal pain and weakness which resemble tothose of IBD, including chronic diarrhoea, malabsorption and abdominal discomfort. Psychological factors such as stress, grief, and anxiety further aggravate digestive disturbances, highlighting the role of mind-body interactions in gut health.

Both *Ayurveda* and modern medicine emphasize digestion, diet, and psychological balance in maintaining gut health. This case explores *Grahani Dosh* in light of these parallels, emphasizing its pathogenesis and holistic management through *Panchakarma*, *Yoga* and lifestyle modifications.

MATERIALS AND METHODS

Patient Profile:

A 24-year-old non-hypertensive, non-diabetic female patient with OPD No. 250751, attended the OPD of Dayanand Ayurvedic College, Jalandhar (Pb.) on 25.04.2025 with thefollowing complaints:abdominal pain relieved after defecation, urgency to defecate immediately after meals and presence of mucus and blood in stools. The patient reported weakness, loss of weight and occasional froth in stools. Patient was diagnosed with Ulcerative colitis 6 months back.The history of the patient revealed that she was asymptomaticone and a half years back. Then she developed increased frequency of stools (on and off) for which she took treatment from various hospitals without complete relief.

Personal History:

- **Appetite:** Irregular, reduced
- **Bowel Habits:** Irregular, loose stools (5-6/day)
- **Micturition:** Normal
- **Sleep:** Disturbed, not sound
- **Thirst:** Normal
- **Icterus:** Absent
- **Cyanosis:** Absent
- **Weight:**44 kg
- **Pallor:**Present

Dashvidha Pareeksha:

- ***Prakriti:*** *Vata-Pitta*
- ***Vikruti:*** *Vata-Pitta Dushti*
- ***Sara:*** *Madhyam*
- ***Samhanana:*** *Alpa*
- ***Pramana:*** *Alpa*
- ***Satmya:*** *Madhyam*
- ***Satva:*** *Madhyam*
- ***Aahar Shakti:*** *Avar*
- ***Vyayam Shakti:*** *Avar*
- ***Vaya:*** *Yuva*

Systemic Examination:

- **Cardiovascular System:** No abnormality detected clinically
- **Central Nervous System:** No abnormality detected clinically

- **Respiratory System:** No abnormality detected clinically
- **Per Abdomen (P/A):** Soft, with mild tenderness noted over the hypogastric region; no organomegaly or distension observed.

General Examination:

Built: lean
Pulse: 80/min Regular
BP: 110/70 mmHg
Temperature: 98.2°F
Respiratory Rate: 18/min

Table No. 1. Investigations:

Investigation	Findings
CBC	Hb – 10.2 g/dL TLC – 8,200 /mm³ Platelets – 3.7 lakh/mm³
ESR	40 mm/hr
RBS	92 mg/dL
Stool Examination	Presence of mucus and blood, few pus cells, no ova/cyst
Occult Blood Test	Positive (+)

Consent: Consent was obtained from the patient prior to the treatment. Pt. was assessed on subjective parameters before treatment and on every follow up.

Treatment Plan:

Table No. 2. Treatment Plan

S. No.	Type of Treatment	Medication	Duration	Period
1	Oral Medication	*Dadimashtaka Churna*: 3 g twice daily. *Anupana*- Luke warm water	5 days	Day 1 to day 5
2	Procedural Therapy	*Kalpit Piccha Basti*: 250–300 ml, empty stomach in the morning	8 days	Day 6 to 13

3	Oral Medication	*Lajjalu Churna:* 3 g twice daily after food *Anupana*- Luke warm water	45 days	Day 6 to day 51
4	Dietary Advice	Consume *Takra* (buttermilk), follow *Supachya* (digestive-friendly) and *Laghu Aahar* (light, easily digestible food)	—	Throughout treatment
5	Lifestyle and Daily Regimen	Maintain healthy *Dincharya* (daily routine) and follow *Yoga* practices to improve digestion and reduce stress	—	Throughout treatment

Review* Of DrugIngredientsOf *Kalpit Piccha Basti:

Contents of*Kalpit Basti*:

1. Honey
2. *Saindhav Lavan*
3. Cow's *Ghee*
4. Cow's milk (For *Ksheer Pak*)
5. *Kwath Dravyas- Lisoda*[7]*, Laal Chandan*[8]*, Shalmali Pushp*[9]*,Vata Shung*[10]*, Vata Patra*[11]*,Udumbara Shung*[12]*, Peepal Shung*[13]*, Vidaari Kanda*[14]
6. *Kalka Dravyas- Mochras*[15]*, Naagarmotha*[16]*,Vatsaka*[17]

Table No. 3. Table of *Kwath* and *Kalka Dravyas*

KwathDravyas				
SR. NO.	**DRUG**	**BOTANICAL NAME**	**PROPERTIES**	***KARMA***
1	*Lisoda*	*Cordia dichotama (Frost. f.)*	*Rasa- Madhura, Kashaya; Guna- Guru, Picchala, Snigdha; Virya- Sheeta; Vipaka- Madhur, Katu*	*Vaatpittshamak, Vrana Shodhana-ropana, Grahai, Vishghan*
2	*Laal Chandan*	*Pterocarpus santalinus (linn.)*	*Rasa- Madhura, Tikata;*	*Kaphapitshamak, Stambhana, Sothahara,*

			Guna-Guru, Ruksha; Virya-Sheeta; Vipaka-Katu	Dahashamaka
3	Shalmali Pushp	Bombax ceiba (linn.)	Rasa-Madhura, Kashaya; Guna-Guru, Picchila; Veerya-Sheeta; Vipaka-Madhura	Grahi, Balya, Rakatstambhana, Dahashamna
4	Vata Shung, Vata Patra	Ficus bengalensis (linn.)	Rasa-Kashaya; Guna-Guru, Ruksha; Virya-Sheeta; Vipaka-Katu	Rakatstambhana, Shothhar, Vranaropana, Stambhana, Rakatshodhana
5	Udumbara Shung	Ficus racemose (linn.)	Rasa-Kashaya, Madhura; Guna-Guru, Ruksha; Virya-Sheeta; Vipaka-Katu, Madhura	Sothahara, Varan Shodhana-Ropana, Varnaya, Purisastambhana
6	Peepal Shung	Ficus religiosa (linn.)	Rasa-Kashaya, Madhura; Guna-Guru, Ruksha; Virya-Sheeta; Vipaka-Katu	Vranropana, Sothahara, Rakatshudhikara, Vedanasthapana
7	Vidaari Kanda	Pueraria tuberosa (Roxb.)	Rasa-Madhura; Gun-	Brihmaniya, Kaphghana, Rakatpittghanai

			Guru, Snigdha; Virya-Sheeta; Vipaka-Madhura	*, Jivaniya, Pittghana*
		Kalka Dravyas		
1	*Mochras*	*Bombax ceiba (linn.)*	*Rasa-Madhura, Kashaya; Guna-Guru, Picchila; Veerya-Sheeta; Vipaka-Madhura*	*Grahi, Balya, Rakatstambhana, Dahashamna*
2	*Naagarmotha*	*Cyperus rotundus (linn.)*	*Rasa-Katu, Tikata, Kashaya; Guna-Laghu, Ruksha; Virya-Sheeta; Vipaka-Katu*	*Grahi, Atisarghana, Deepana, Pachana, Aruchihara, Jantughana*
3	*Vatsaka*	*Hollarrhenaantidysenterica (Willd.)*	*Rasa-Katu, Kashaya, Tikata; Guna-Laghu, Ruksha; Virya-Sheeta; Vipaka-Katu*	*Sangrahi, Arshahar, Atisarghana, Raktatisarghana, Deepan*

Criteria for Assessment:

For Ulcerative Colitis Assessment was done by using Powell-Tuck Index on the basis of following parameters:

Table No. 4. Table of Assessment criteria

SYMPTOMS	**SCORE**

Bowel Frequency (Per day)	
<3	0
3-6	1
>6	2
Stool Consistency	
Formed	0
Semi-formed	1
Liquid	2
Abdominal Pain	
Absent	0
Before/after Bowel motions	1
Prolonged	2
Anorexia	
No	0
Yes	1
Nausea/Vomiting	
No	0
Yes	1
General Health	
Normal	0
Slightly Impaired	1
Activities Restricted	2
Unable to work	3
Extracolonic Manifestations	
Absent	0
One/mild	1
Morethan one/Severe	2

SIGNS	
Abdominal Tenderness	
Absent	0
Mild	1
Marked	2
Rebound	3
Body temperature	
<37.1	0
37.1-38	1
>38	2
Blood in stool	
Absent	0
Trace	1
More than trace	2

Frequency Of Assessment:

Patient was assessed on 15th day, 45th day and 60th day.

RESULTS

During the follow-up period, the patient demonstrated steady improvement in overall clinical symptoms. Initially, bowel frequency was 3–4 times/day with semi-formed to loosen stools, but by the 15th day, the frequency reduced to 1–2 times/day and stool consistency improved to formed. Abdominal pain, which was initially present before bowel evacuation, was reduced mildly by 60th day. General health, which was slightly impaired at the beginning, improved progressively with better energy levels and reduced weakness. While Abdominal tenderness persisted on and off along with anorexia. There was no presence of blood or froth in the stool by the end of treatment. The overall assessment score showed a gradual reduction from 20 on day 0 to 6 on day 60, indicating marked improvement in bowel health and general well-being along with a 2 kg weight gain.

Table No. 5 Assessment Score for Each Criterion

SYMPTOMS / SIGNS	Day 0	Day 15	Day 45	Day 60

Bowel Frequency	1	1	0	0
Stool Consistency	2	1	1	0
Abdominal Pain	2	1	1	1
Anorexia	1	1	1	1
Nausea/Vomiting	1	1	1	1
General Health	3	3	2	1
Extra-colonic Manifestations	0	0	0	0
Abdominal Tenderness	3	3	2	2
Body Temperature	0	0	0	0
Blood in Stool	2	1	1	0
Overall Assessment	20	15	12	6

DISCUSSION:

The therapeutic effect of *Basti* in IBD is largely due to the combined actions of its herbal constituents which help to restore gut integrity by reducing inflammation. Herbs like *Lisoda, Shalmali, Vata, Udumbara* and *Peepal;* being *Guru, Snigdha and Sheeta* in nature provide a *Grahi, Balya*and *Ropan* effect, which soothes the intestinal mucosa, promotes healing of ulcerated areas and stabilizes bowel movements. *Laal Chandan* and *Vidaarikanda,* due totheir *Ruksha and Sheeta* properties, act as *Stambhana, Sothahara,* thereby reducing diarrhoea, inflammation, and burning sensations. *Nagarmotha* and *Vatsaka,* having *Laghu and Ruksha*properties, are *Deepana, Pachana*and*Sangrahi*,thus enhancing digestion, reducing hypermotility and controlling loose stools.

Lajjalu Churna[18],which has*Kashaya, Tikta, Sheeta,Laghu*and*Ruksha* Guna,when administered orally, complements the *Basti* therapy by exerting a strong *Purish-sangrahaniya,Atisaraghna,Raktastambhana and Varna Ropana* effects, which help in reducingdiarrhoea, rectal bleeding and inflammation from within. The anus, being the nearest route to the intestine allows *Basti* to directly reach the intestinal mucosa, bypassing digestion and assimilation, delivering healing and nourishing herbs precisely where they are needed. This direct action combined with the systemic effect of *Lajjalu* provides synergistic benefits**,** improving stool consistency and frequency, promoting mucosal healing alleviating abdominal pain and enhancing overall strength and vitality in IBDpatients.

CONCLUSION

The incidence of Inflammatory Bowel Disease (IBD) has markedly increased over the past

few decades, becoming a major health concern, particularly among younger individuals. Modern medical science, though helpful in controlling symptoms, has notable limitations due to the adverse effects of long-term use of drugs such as corticosteroids, aminosalicylates and immune-modulators, which may cause immune suppression, appetite loss, infertility and diarrhoea. Moreover the stress;an unavoidable factor in today's lifestyle also plays a crucial role in aggravating and perpetuating IBD symptoms, making holistic management essential.

In this context, *Piccha Basti* offers a promising Ayurvedic approach with its anti-inflammatory and antidiarrheal properties, addressing both physiological and psychosomatic aspects of the disease. The *Ghrita* used in *Piccha Basti* acts as an excellent *Pitta Shamak* and promotes mucosal healing while nourishing and strengthening the intestines. Hence, this case highlights that *Piccha Basti* can serve as a guiding light in IBD management, offering a safe, effective and comprehensive treatment modality that improves quality of life while minimizing the adverse effects seen with modern therapies.

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