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RESEARCH ARTICLE

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

The primary diagnoses,interventionsand 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**.**

Introduction: -

Pittadhara Kala, the layer situated between Aamashaya and Pakvashaya, is termed Grahani[1].It serves as the Adhishthana (seat) of Agni[2]. When Agnigets vitiated, Grahani is disturbed, which in turn leads to Grahani Dosh[3].Aacharya Vagbhatahas includedGrahniDosh 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].

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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 36-year-old non-hypertensive, non-diabetic female patient with OPD No. 250760, 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 year 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 Drugs

Contentsof 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-	Vaatpittshamak, Vrana Shodhana-ropana, Grahai, Vishghan

			Sheeta; Vipaka-Madhur, Katu	
2	Laal Chandan	Pterocarpus santalinus (linn.)	Rasa-Madhura, Tikata; Guna-Guru, Ruksha; Virya-Sheeta; Vipaka-Katu	Kaphapitshamak, Stambhana, Sothahara, 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-Guru, Snigdha; Virya-Sheeta; Vipaka-Madhura	Brihmaniya, Kaphghana, Rakatpittghanai, 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

Preparation of Kalpit Piccha Basti:-
The Kwathof Kalpit Piccha Basti was prepared using following drugs - Shalmali Pushp, Vata Shung, Udumbar Shung, Peepal Shung, Laal Chandan, Vidaari Kanda, Vata Patra, Lisoda. (total-16 gm). Ksheer Paka was prepared using Ksheerand Kwath.

The Kalkaof Kalpit Piccha Basti was prepared using following drugs -Mochras, Vatsak, Nagarmotha. (total-30 gm)
Madhu- 60ml
Saindhav Lavan- 4gm
Gow Ghrit- 90ml
KsheerPak-120ml

Honey and rock salt were mixed and churned properly and a homogenous mixture was made after adding Ghrit after which Kalak Dravya were added. Milk was added to Kwath to obtain Ksheer Pak and then to the rest of the mixture to obtain a homogenous mixture. Basti was administered to the patient with Basti Putak. Basti was prepared by classical method.[18]
Duration of Basti cycle- 8days
Dose of Basti- 250-300 ml

Administration Of Kalpit Piccha Basti:-
Patientwas explainedaboutthePathya-Apathya,Ahara-Vihara(Do'sandDon'ts)beforetheBastitreatment.

Figure 1: Demonstrates the preparation of *Basti*.

Figure1: Preparation of Kalpit Piccha Basti

PoorvaKarma:
It involved Snehana of abdomen,back,thighs and legs followed by NadiSveda.

PradhanaKarma:[19]
- After the Abhyanga and Nadi Sweda, the patient is instructed to lie in the left lateral position on the Basti table with their head resting on their left flexed arm, without using a pillow
- The left leg remains extended, while the right leg is flexed at the knee, drawing the knee up towards the chest.
- Lukewarm oil was applied onto the anus and the Basti Netra, for lubrication. Then the cotton was removed from the tip of the Netra and any air bubbles if present are allowed to escape.
- The Basti Netra was inserted into the anus slowly. The Basti is administered by applying gradual and steady pressure to the Putaka.

- The patient was instructed to take deep breaths while Basti administration.
- After administration of Basti, the Netra was slowly removed and light tapping was done on the patient's buttocks for approximately one minute

PaschatKarma:
• Patient was asked to keep lying for 3-4 mins for better absorption of drug.
• Patient will be advised to take light food.
• After administration of Basti, patient will be advised to follow the Sansarjana Karma.
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

SYMPTOM	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, BalyaandRopan effect, which soothes the intestinal mucosa, promotes healing of ulcerated areas and stabilizes bowel movements. Laal Chandan and Vidaarikanda, due totheirRuksha and Sheeta properties, act as Stambhana, Sothahara, thereby reducing diarrhoea, inflammation, and burning sensations. Nagarmotha and Vatsaka, having Laghu and Rukshaproperties, are Deepana, PachanaandSangrahi,thus enhancing digestion, reducing hypermotility and controlling loose stools.

Lajjalu Churna[20],which hasKashaya, 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.

Limitations:-

Most of the outcome parameters were subjective in nature, which may introduce individual variation in assessment and interpretation. The study parameters were primarily subjective in nature, which may have influenced the assessment of outcomes. A larger sample size could have provided more reliable and generalizable results. Future studies with larger sample sizes, inclusion of objective assessment parameters and longer follow-up durations could be done to obtain more comprehensive and statistically significant results.

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