Original Research Article

From Grahani Avayava to Grahani Roga: Understanding Phenotypes, Samprapti and Individualized Chikitsa

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Abstract

Background: Grahani occupies a distinctive position in Ayurvedic gastroenterology because the term encompasses anatomical, physiological and pathological dimensions. Classical Ayurvedic texts describe Grahani as the Agni Adhishthana and attribute to it the function of retaining food until appropriate digestion and subsequently releasing the digested material. Impairment of Agni compromises this function and may result in the passage of inadequately digested food and a range of gastrointestinal and systemic manifestations[1] □[3]. In contemporary Ayurvedic literature, Grahani Roga is frequently correlated with irritable bowel syndrome (IBS); however, the clinical and conceptual breadth of the classical description suggests that such equivalence may be overly restrictive.

Objective: To reconsider Grahani Roga as a spectrum of gastrointestinal dysfunction arising from varying combinations of Agni Dushti, Grahani dysfunction, Dosha involvement, Ama, altered digestion and disturbed evacuation, and to examine the limitations of equating the entire Grahani concept with IBS.

Conceptual Discussion: Classical descriptions establish a close bidirectional relationship between Agni and Grahani. Grahani Dosha manifests through disturbed digestion and abnormal movement of inadequately processed food, with Vataja, Pittaja, Kaphaja and Tridoshaja presentations described[1], [2]. IBS shares selected features with some Grahani phenotypes, particularly abdominal pain and altered stool frequency or consistency, but the two constructs arise from different diagnostic frameworks.

Proposed Model: This paper proposes the Grahani Spectrum Model, in which Agni, Ama/Nirama status, Dosha, Koshta, Mala, Bala and chronicity determine the clinical phenotype. Accordingly, Grahani Roga is proposed not as a single homogeneous disorder but as a spectrum of disorders sharing a central disturbance in the Agni–Grahani axis.

Keywords: Grahani, Grahani Roga, Grahani Dosha, Agni, Ama, Dosha, IBS, gastrointestinal dysfunction, Samprapti, Ayurveda.

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Introduction

The gastrointestinal tract occupies a central position in Ayurvedic physiology because the transformation of ingested food is considered fundamental to the maintenance of Ayu, Bala, Varna, Ojas, Prana and overall physiological equilibrium. Charaka places Agni at the centre of this process and states that the status of Dehagni is closely associated with longevity, strength, health, nourishment, complexion, enthusiasm and vitality[(1)].

The fifteenth chapter of the Charaka Chikitsa Sthana, entitled Grahani Dosha Chikitsa, begins by establishing the importance of normal digestive function before describing its pathological disturbance[(1)]. This organization itself is conceptually significant: Grahani Roga is not introduced as an isolated bowel disorder but in the context of disturbance of digestion and metabolism.

Charaka states: ''अग्न्यधिष्ठानमन्नस्य ग्रहणाद्ग्रहणी मता। नाभेरुपर्यह्यग्निबलेनोपष्टब्धोपबृंहिता।।"[(1)] Grahani is described as the Adhishthana of Agni and is associated with the function of retaining food. The subsequent verse explains that it retains incompletely processed food and releases appropriately processed food; when its strength is compromised because of weak Agni, even inadequately digested material may be released[(1,2)].

Thus, an important conceptual relationship emerges: Agni ↔ Grahani. The relationship is not merely one-directional. Impaired Agni can disturb Grahani, while dysfunction of the Grahani can further compromise digestive function.

This raises an important question: Is Grahani Roga a single disease, or does it represent a spectrum of disorders arising from disturbance of the Agni–Grahani axis?.

Why Grahani Requires Reconsideration

In contemporary Ayurvedic literature, Grahani Roga is frequently correlated with irritable bowel syndrome (IBS) because both may present with abdominal discomfort, altered

bowel habits, variable stool consistency, bloating and chronic or recurrent symptoms. Recent Ayurvedic reviews continue to emphasize this clinical resemblance[8-10].

The modern definition of IBS, however, is specific. Under Rome IV criteria, IBS is characterized by recurrent abdominal pain associated with defecation and/or changes in stool frequency and stool form. Modern guidelines additionally recognize IBS as a chronic disorder requiring appropriate clinical evaluation and, in selected patients, testing to exclude important alternative diagnoses[6].

The classical description of Grahani Roga is considerably broader. Charaka describes Grahani Dosha with manifestations involving digestion, appetite, stool consistency, stool frequency, abdominal distension, pain, weakness, thirst, nausea, vomiting, altered taste, respiratory manifestations and systemic consequences[2].

Sushruta similarly describes Grahani as dependent upon Agni and describes both liquid and constipated bowel patterns, incomplete digestion, weakness, anorexia, abdominal symptoms and manifestations related to different Doshas[4].

Therefore, the proposition Grahani Roga = IBS may be clinically convenient in selected circumstances, but it does not adequately capture the entire classical construct.

A more appropriate proposition may be: IBS represents one contemporary clinical correlate of selected Grahani phenotypes, rather than being synonymous with the entire Grahani concept.

Understanding the Multiple Dimensions of Grahani

a. Grahani as a functional anatomical entity: Charaka describes Grahani above the umbilical region and associates it intimately with Agni. [1] Sushruta also describes Grahani in relation to the Pittadhara Kala and states that the strength of Grahani depends upon Agni[4]. Thus, Grahani possesses both structural relevance and functional relevance[3].

b. Grahani as Agni Adhishthana: The classical statement **''अग्न्यधिष्ठानमन्नस्य ग्रहणाद्ग्रहणी मता''** [1] establishes Agni as central to the concept. Normal functioning may therefore be represented as: Ahara → Grahani retains food → Agni performs digestion → appropriately processed material progresses → nourishment and physiological function.

   Conversely: Agni Dushti → incomplete digestion → disturbed Grahani function → improperly processed food → altered Mala and digestion → Grahani Roga phenotype.

Grahani, Grahani Dosha and Grahani Roga: A Necessary Distinction

A major conceptual problem in contemporary discussion is the tendency to use Grahani, Grahani Dosha and Grahani Roga interchangeably.

Grahani may be understood at the anatomical-functional level; Agni at the physiological/metabolic level; Grahani Dosha as pathological dysfunction; and Grahani Roga as the clinical expression of the disturbed Agni–Grahani system.

Thus: Normal Agni + normal Grahani → physiological digestion; Agni Dushti → Grahani dysfunction; persistent Grahani dysfunction → Grahani Dosha; clinical manifestation →Grahani Roga.

This framework prevents Grahani from being reduced to a modern disease label.

Classical Evidence for the Spectrum Concept

a. Charaka: Grahani is Dosha-variable. Charaka states: **''वातात् पित्तात् कफाच्च स्यात्तद्रोगस्त्रिभ्य एव च । हेतुं लिङ्ग रुपभेदाञ् शृणु तस्य पृथक् पृथक्।।''** [2] Thus, Grahani disease may arise due to Vata, Pitta, Kapha individually or their combined involvement[2].

b. **Vataja Grahani**: Charaka describes Vataja Grahani with difficult digestion, sour fermentation, dryness, abdominal distension, pain, weakness, altered taste and variable stool characteristics. The stool may be watery, dry, scanty, undigested or frothy, and evacuation may be frequent and difficult[2]. This includes both diarrhoeal and difficult-evacuation features.

c. **Pittaja Grahani**: Pitta-dominant Grahani is associated with excessive intake of pungent, sour, irritant and other Pitta-provoking factors, with impairment of Agni[2]. Manifestations include liquid stools, incompletely digested stool, abnormal colour, offensive eructation, burning, anorexia and thirst.

d. **Kaphaja Grahani**: Kapha-dominant Grahani is associated with heavy, unctuous and cold dietary factors and excessive intake[2]. Manifestations include difficult digestion, nausea, vomiting, anorexia, salivation, sweet or unpleasant taste, heaviness and mucus-associated features.

e. **Sannipataja Grahani**: The existence of combined Dosha presentation further strengthens the spectrum concept. A patient need not belong exclusively to one phenotype. Vata–Pitta, Vata–Kapha and Tridoshaja combinations may produce complex presentations.

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Evidence from Sushruta

Sushruta provides additional support for understanding Grahani as a broader pathological syndrome. He describes Grahani as dependent upon Agni and states that impairment of Agni affects the functional strength of Grahani[4].

He further describes bowel patterns involving passage of undigested fecal material, constipation, liquid motions, pain, foul smell, incomplete digestion, weakness, anorexia, thirst, vomiting, fever, burning, abnormal eructations and other systemic manifestations[4].

The Dosha-specific manifestations are also described: Vataja disease is associated with prominent pain, Pittaja disease with burning, and Kaphaja disease with heaviness[4]. Sushruta additionally warns that neglected disease may be associated with subsequent disorders such as Hridroga, Pandu, Udara, Gulma, Arsha and Pliha enlargement[4].

Grahani as a Spectrum Rather Than a Single Disease

Based on the classical evidence, the present paper proposes that Grahani Roga may be understood as a spectrum of gastrointestinal dysfunction arising from disturbance of the Agni–Grahani axis, with variable involvement of Dosha, Ama, digestion, assimilation, intestinal retention and evacuation.

This does not imply that every gastrointestinal disease is Grahani. Rather, it means that patients classified within the Grahani spectrum may express different dominant pathological phenotypes.

Proposed Grahani Spectrum Model

Nidana → Agni Dushti → Grahani dysfunction → Ama/Apakwa Ahara → Dosha involvement → Grahani phenotype → clinical manifestations → chronic consequences.

Core proposition: Agni + Ama + Dosha + Koshta + Mala + Bala + chronicity determines the individual phenotype.

Phenotypic Classification of Grahani

The Importance of the Alternating Bowel Phenotype

One of the most characteristic classical descriptions is Muhur Baddha–Muhur Drava Mala. This alternating pattern is particularly relevant to modern IBS-M, in which constipation and diarrhoea alternate. However, it would be inappropriate to conclude that Muhur Baddha–Muhur Drava = IBS-M

An Ayurvedic interpretation is Vishama Agni + Vata Dushti → irregular digestion and intestinal regulation → variable bowel consistency → Muhur Baddha – Muhur Drava Mala. The bowel pattern is therefore considered an expression of Samprapti, rather than the definition of Grahani.

Grahani and IBS: Similarity Without Equivalence

Modern IBS is a functional bowel disorder defined through symptom-based criteria. Rome IV requires recurrent abdominal pain associated with defecation and/or changes in stool frequency or form[5].

There are obvious areas of overlap: Udarashoola with abdominal pain; Muhurdrava/Muhur Baddha Mala with altered bowel habits; Adhmana with bloating/distension; Vishama Agni with functional disturbance; and chronic/recurrent course with chronic/recurrent symptoms.

However, the conceptual foundations are different. Ayurveda asks: What is the state of Agni? Which Dosha is involved? Is the patient Sama or Nirama? What is the nature of Mala? What is the Koshta? What is the Bala? Modern medicine asks whether diagnostic criteria are met and whether alarm features or organic disease are present.

Therefore, Grahani Roga should not be equated universally with IBS. IBS should instead be considered a possible modern clinical correlate of selected Grahani phenotypes.

Why "Grahani = IBS" Is an Incomplete Correlation

A patient may present with Grahani features but not satisfy Rome IV IBS criteria if abdominal pain is absent or insufficient. Conversely, a patient satisfying IBS criteria may not demonstrate the full Ayurvedic pathology of Grahani.

For example, IBS-D may predominantly present with abdominal pain, urgency and loose stools, whereas an Ayurvedic patient may additionally demonstrate Ama, Mandagni, Kapha, Picchila Mala, Aruchi and Guruta. Likewise, IBS-C may involve constipation, abdominal pain and bloating, while an Ayurvedic assessment may identify Vata Prakopa, Rukshata, Vishama Agni, Apana Vata Dushti and Krura Koshta[5].

Grahani and the Agni–Ama Axis

When Agni is impaired, Ahara is incompletely processed → Ama/Apakwa Ahara → Srotas and Dosha disturbance → Grahani dysfunction → altered digestion and evacuation. This provides a dynamic explanation for why the disease may fluctuate.

A patient may initially be Sama + Kapha predominant but, following inappropriate therapy, become Nirama + Vata predominant. Therefore, treatment should be reassessed periodically.

Grahani Is Dynamic, Not Static

A major clinical proposition emerging from this paper is that the Grahani phenotype may change during the course of disease.

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Stage 1: irregular food + Mandagni → Ama → Kapha-associated heaviness and nausea.

Stage 2: persistent dysfunction → Vata involvement → bloating + pain + irregular bowel habit.

Stage 3: chronicity → Rukshata + Bala Kshaya → weakness + altered bowel function + poor tolerance to aggressive therapies.

Therefore, the treatment appropriate at one stage may be inappropriate at another stage.

Role of Samprapti in Grahani

Your previous clinical work provides an important principle: understanding the chronology of symptoms helps establish Samprapti and therefore the appropriate Samprapti Vighatana[7].

The clinical history should establish Nidana, Agni, Ama, Dosha, Mala, Koshta, Bala and chronology of disease.

Grahani Diagnostic Matrix

From Disease-Based Treatment to Phenotype-Based Treatment[8]

The fundamental therapeutic principle is: Treat the Samprapti, not merely the label.

Ama-dominant → Pachana; Mandagni → Deepana; Kapha-dominant → Langhana + Pachana; Vata-dominant → Vata Anulomana + Snehana; Drava/Picchila phenotype → appropriately selected Grahi/Piccha strategy; chronic depletion → Brimhana/Yapana/Rasayana-oriented restoration; Vata-associated Pakvashaya involvement → consideration of Basti according to patient suitability and Samprapti.

Panchakarma Perspective

Panchakarma should not be automatically equated with treatment of every patient labelled as having Grahani. Selection of procedure must depend on Dosha + Ama + Bala + Koshta + Kala + Vyadhi Avastha + Samprapti.

Charaka and Sushruta describe cleansing and dietary approaches in Grahani according to Dosha and clinical condition[4,11]. Ashtanga Hridaya advises that Doshas localized in Grahani should initially be approached in accordance with principles used for Ajirna, with Ama managed using approaches described for Atisara[12].

Why Basti Becomes Relevant in Selected Grahani Phenotypes

Within the present conceptual paper, Basti can be positioned as particularly relevant when Vata is predominant, Apana Vata is disturbed, bowel regulation is altered, chronicity has produced Vata/Rukshata, Pakvashaya involvement is clinically apparent, or a specific Basti formulation is indicated according to Samprapti.

In my earlier clinical work I have reported the use of Piccha Basti in a Grahani/IBS phenotype and documented improvement in several gastrointestinal symptoms following two courses[7].

Proposed Grahani Spectrum Model

Central proposition: Grahani identifies the functional territory; Agni, Dosha, Ama, Koshta, Mala and Bala identify the individual pathological phenotype[6].

The proposed sequence is: Nidana → Agni Dushti → Grahani dysfunction → Ama/Apakwa Ahara → Dosha involvement → Grahani phenotype → chronicity → Bala/Dhatu Kshaya.

Table No. 1: Phenotypic Classification of Grahani[7]

Phenotype	Dominant considerations	Typical manifestations	Primary therapeutic direction
Ama-dominant	Ama + Mandagni	Heaviness, anorexia, coating, indigestion, abnormal stool	Langhana, Pachana, Deepana
Vata-dominant	Vata + Vishama Agni	Pain, bloating, variable stool, constipation, dryness	Vata Anulomana, Snehana, Agni support
Pitta-dominant	Pitta + Agni disturbance	Burning, loose stool, sour eructation, thirst	Pitta regulation, appropriate Agni correction
Kapha-dominant	Kapha + Mandagni	Heaviness, nausea, mucus, poor appetite	Langhana, Deepana, Pachana
Drava phenotype	Excessive fluidity / Dravata	Frequent loose stool	Grahi-oriented management after assessing Ama

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Cont...

Table No. 1: Phenotypic Classification of Grahani[7]

Picchila phenotype	Kapha/meda/mucus-associated	Mucus, sticky stool	Kapha/Ama assessment and appropriate Grahi/Piccha approach
Ruksha phenotype	Vata/Rukshata	Dry stool, pain, weakness	Snehana, Vata management
Alternating phenotype	Vishama Agni + Vata	Muhur Baddha–Muhur Drava Mala	Vata and Agni correction
Depletion phenotype	Chronicity + Bala Kshaya	Weakness, weight loss, reduced strength	Brimhana/Yapana/Rasayana-oriented approach
Mixed phenotype	Multiple Doshas	Complex variable presentation	Individualized Samprapti-based treatment

Table no. 2: Grahani Diagnostic Matrix

Domain	Clinical questions
Nidana	What dietary/lifestyle factors preceded the illness?
Agni	Manda, Vishama, Tikshna or relatively normal?
Ama	Sama or Nirama?
Dosha	Vata, Pitta, Kapha or mixed?
Mala	Drava, Baddha, Picchila, Ruksha, alternating?
Frequency	Increased, decreased or variable?
Evacuation	Urgency, straining, incomplete evacuation?
Koshta	Mridu, Madhyama or Krura?
Pain	Present/absent; relation to food/defecation?
Bloating	Present/absent?
Bala	Preserved/reduced?
Chronicity	Acute, recurrent or chronic?
Systemic effects	Weight loss, weakness, fatigue, nutritional consequences?

Grahani as an Umbrella: How the Term Should Be Used[7]

The term "umbrella" is useful for explaining the concept during a seminar, but in the manuscript, it is preferable to use "spectrum" or "heterogeneous clinical construct" rather than stating that Grahani is an umbrella diagnosis containing all gastrointestinal diseases.

A more academically defensible statement is: Grahani Roga may be regarded as an umbrella-like clinical construct encompassing multiple phenotypic expressions that share a central disturbance of Agni–Grahani function, while differing in Dosha predominance, Ama status, bowel pattern, chronicity and systemic consequences.

Clinical Implications

A patient should not be diagnosed or treated solely on the basis of stool frequency. Agni assessment should remain central. Ama/Nirama status should influence therapeutic sequencing. The same modern diagnosis may require different Ayurvedic treatments. The same Ayurvedic diagnosis may correspond to different modern clinical phenotypes. Treatment should be periodically reassessed because Samprapti may evolve. Basti should be selected according to Dosha and Samprapti rather than merely because the patient has been labelled as having Grahani.

Strengths of the Proposed Model

The model preserves the classical centrality of Agni; acknowledges Dosha-specific variability; explains alternating bowel patterns without equating them automatically with IBS; allows modern clinical correlations without sacrificing Ayurvedic diagnostic logic; provides a rationale for individualized treatment; creates a framework

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for studying Basti according to phenotype; and may improve the design of future clinical trials.

Conclusion

Grahani is a multidimensional Ayurvedic concept that encompasses anatomical, physiological and pathological dimensions. Its central relationship with Agni makes it fundamentally different from a disease definition based solely on bowel habit.

Classical descriptions demonstrate that Grahani Roga can manifest through different Dosha-specific patterns and may involve altered digestion, variable stool consistency, constipation, diarrhoea, alternating bowel movements, abdominal symptoms, anorexia, weakness and systemic consequences.

Modern IBS shares important clinical similarities with selected manifestations of Grahani Roga, particularly abdominal pain and altered bowel habits. However, the two constructs should not be considered universally synonymous.

The present paper therefore proposes that Grahani Roga is better understood as a spectrum of gastrointestinal dysfunction centred on the Agni–Grahani axis. Within this spectrum, different combinations of Agni + Ama + Dosha + Koshta + Mala + Bala + chronicity produce different clinical phenotypes.

The clinical implication is: "Treat the Samprapti, not merely the label." In the conceptual language proposed by this paper: "Grahani identifies the territory; Samprapti identifies the disease."

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