



Case Study

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MANAGEMENT OF VATAJ GRAHANI WITH KSHAR GHRI: A CASE STUDY

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ABSTRACT

According to Ayurveda, Grahani is said to be the seat of Agni, or digestive fire. Vitiation in Agni results in Grahani Roga, a disease where the patient presents with increased frequency of stool, abdominal pain, abdominal distention and mucoid stool. The present study explores the Ayurvedic management of Vataj Grahani through a Ayurvedic formulation, Kshar Ghrit, in a case with IBS. A 40-year-old male presented with alternation of episodes of loose stools and constipation with abdominal pain, bloating, and mucous in stools for the past 6 months. The symptoms did not reduced with contemporary treatment. On further evaluation at Ayurvedic setup, patient was diagnosed to be suffering from Vataj Grahani, which is correlated to IBS according to Rome IV Criteria. Kshar Ghrit 10 ml twice a day with lukewarm water after food for two months, along with dietary and lifestyle modifications. Over two months of follow-up assessment, there was much significant improvement in the increased frequency of stool, abdominal pain, and abdominal distention. There was a significant decrease in the frequency of stool, abdominal pain was completely resolved, and there was no mucous in the stool, thereby increasing the quality of life of the patient. In the management of Vataj Grahani with Kshar Ghrit, an effective response was shown to the symptoms of IBS, which could be used as an alternative treatment in Ayurveda. This study emphasizes the significance of Agni in Grahani Rog and the success of managing such disorders using various Ayurvedic modalities.

Keywords :- Ayurveda, Grahani, Agni, IBS, Kshar Ghrit

INTRODUCTION

Ayurveda emphasises the principle of Trayopastambha¹, consisting of Ahara (diet), Nidra (sleep), and Brahmacharya (celibacy), as a means to maintain the equilibrium of the Tridoshas. According to Ayurveda, food consumption is responsible for the development, nutrition, procreation, and decay of living organisms². Ayurveda places a strong emphasis on Ahara, believing that it plays a crucial role in several aspects of a quality life, including strength, intellect, complexion, cheerfulness, excellent voice, happiness, satisfaction, and intellect³. Acharya Kashyap called it Ahara Mahabhaishajya because it improved the health of both sick and healthy people⁴. Inadequate or poor Ahara, whether in terms of amount or quality, might ultimately result in the development of numerous ailments. The Grahani, the seat of Agni (digestive fire), retains food until it undergoes complete breakdown before transferring it to the Pakvashaya⁵. An imbalance of the Pachaka Pitta, Samana Vayu, and Kledaka Kapha in the Grahani reduces Agni and produces Grahani roga⁶.

Irritable Bowel Syndrome (IBS) is a prevalent functional condition that occurs worldwide. Although the aetiology of IBS remains unclear, researchers have implicated several variables like stress, nutrition, and hormone fluctuations in the occasional initiation or exacerbation of symptoms. Commonly seen symptoms include stomach pain or discomfort, bloating, diarrhoea, and constipation⁷. The symptomatology of IBS closely resembles the symptoms described in Grahani. The treatments described in Ayurvedic texts effectively address those symptoms. This article will discuss a successful treatment for Grahani.

CASE REPORT

Presenting Complaints

A 40-year-old male patient, with no known comorbidities, presented to the Kayachikitsa OPD of Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University, Varanasi on 07/02/2024. The chief complaint was passage of loose stools immediately after meals, alternating with episodes of constipation for the past six months.

Ethical and CTRI Declaration

The study was conducted in accordance with the ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants and adhered to the principles of Good Clinical Practice. The study protocol received approval from the Institutional Ethics Committee, and the trial was prospectively registered with the Clinical Trials Registry-India (CTRI). Written informed consent was obtained from the patient before participation.

Associated Complaints

The condition was accompanied by the passage of mucus with stools and occasional increase in stool frequency for the same duration. The patient also reported intermittent abdominal pain, bloating, and food aversion, which had become noticeable over the last two months.

History of Present Illness

The patient was apparently healthy until around July 2023, when he first experienced difficulty in passing stools, associated with abdominal pain and distension. Within a few weeks, the bowel habits became irregular constipation alternated with episodes of loose stools, and the passage of mucus in stool was occasionally

observed. The symptoms gradually progressed over time, leading to the current presentation.

Treatment History

Approximately two months prior to presentation (16/11/2023), the patient had consulted a general physician for the same complaints. He was prescribed an antacid (proton-pump inhibitor – omeprazole), a probiotic preparation (containing Lactobacillus spp.), and an antibiotic (rifaximin) for 20 days. However, the patient reported no significant improvement in symptoms following the treatment.

Clinical Examination

Personal History

- **Diet:** Mixed diet
- **Appetite:** Partially good
- **Bowel Habits:** Alternating constipation and loose stools for the past 8 months
- **Micturition:** 3–4 times/day, without burning or discomfort
- **Sleep:** Sound sleep for 7–8 hours per night; no daytime sleep
- **Habits:** Regular consumption of oily, fried, and dairy-based foods

Table 1: General Physical Examination of the Patient

Parameter	Observation
General Appearance	Fair
Body Build	Hyposthenic
Nourishment	Poor
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Lymphadenopathy	Absent
Oedema	Absent

Table 2: Vital Signs of the Patient

Parameter	Observation
Blood Pressure (BP)	124/82 mmHg
Pulse Rate (PR)	86 beats/minute
Temperature	98.2°F
SpO ₂	98% (room air)
Weight	56 kg
Height	168 cm

Table 3: Ashtasthana Pareeksha Findings

Parameter	Observation
Nadi (Pulse)	86 beats/minute
Mutra (Urine)	3–4 times/day; normal in quantity and frequency
Mala (Stool)	Alternating hard and loose stools
Jihwa (Tongue)	Aliptha (slightly coated)
Shabda (Voice)	Prakrita (normal)
Sparsha (Touch)	Anushna Sheeta (neither hot nor cold)
Drik (Eyes/Appearance)	Prakrita (normal)
Aakruti (Body Build)	Shyama (moderate, slightly lean)

Table 4: Dashavidha Pareeksha Findings

Parameter	Observation
Prakriti (Constitution)	Kapha–Vataja
Vikruti (Dosha Imbalance)	Vata-predominant Tridosha
Sara (Tissue Excellence)	Madhyama Sara
Samhanana (Body Compactness)	Samhata (moderately compact)
Pramana (Body Proportion)	Madhyama
Satmya (Adaptability)	Tikta-pradhana Shadrasa Satmya
Satva (Mental Strength)	Avara Satva
Ahara Shakti (Digestive Capacity)	Madhyama
Vyayama Shakti (Exercise Tolerance)	Madhyama
Vaya (Age)	Madhyamavastha (middle age)

Systemic Examination

Respiratory System: Normal vesicular breath sounds (NVBS) heard; no added sounds or adventitious murmurs detected.

Cardiovascular System: First and second heart sounds (S₁ and S₂) heard clearly; no cardiac murmurs, gallops, or signs of valvular stenosis noted.

Central Nervous System: The patient is conscious, alert, and well-oriented to time, place, and person. No focal neurological deficits observed.

Gastrointestinal System: On per abdominal (P/A) examination, Grade I tenderness was noted in the epigastric and right lumbar regions. No palpable organomegaly or abnormal masses detected. Bowel sounds were present and normal.

Diagnostic Criteria

The case was diagnosed as Vataja Grahani based on the manifestation of symptoms described in Ayurvedic texts⁸. The diagnosis of the patient was Irritable Bowel Syndrome, determined by the use of the Rome IV Criteria⁷. Both Grahani and Irritable Bowel Syndrome had similarities in the symptoms they presented. Therefore, the treatment approach described in Grahani was implemented in this case.

Rome IV Criteria (Table 5)

Therapeutic Intervention

Informed written consent of the patient was taken before treatment. For the treatment, an Ayurvedic medicine Kshar Ghrit was taken. 10 ml of Kshar Ghrit was given twice a day with the same quantity of lukewarm water after taking food for 2 months and the patient was advised of lifestyle as well as dietary modifications. (Table 6)

Table 5: Rome IV Diagnostic Criteria for IBS and Patient Status

Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following criteria	Criteria satisfied by the patient
Related to defecation	✓
Associated with a change in the frequency of stool	✓
Associated with a change in the form (appearance) of stool	✓

Table 6: Therapeutic Intervention Details

Ayurvedic Medicine	Kshar Ghrit	
Dose	10 ml twice a day	
Anupaan	Lukewarm water	
Follow-up period	1 month	
Dietary Advice	Pathya	Apathya
	Old rice, mung daal, buttermilk, fresh food in warn condition, light food, give at least 3 hours gap between two meal and drinking warm water.	Avoid heavy, cold, too much oily food, avoid drinking of water just before meal, avoid day sleeping and avoid heavy meals at night.
Yoga Advice	Bhujangasana for 1 min Pawanmuktasan for 2 min	

Table 7: Assessment of Subjective Parameters Before and After Treatment

Symptoms (Parameters)	Before Treatment	After Treatment	
		After 1 month	After 2 months
Frequency of stool (Poonah-poonah mala pravritti)	4-6 times/day	2-3 times/day	1-2 times/day
Abdominal pain (Udarshool)	Moderate	Mild	Absent
Abdominal distension (Adhamaan)	Mild	Mild	Absent
Stool with mucous (Aam mala pravritti)	Present	Occasionally	Absent
Food aversion (Aruchi)	Present	Absent	Absent

Table 8: Chronological Timeline of the Case

Date	Event
06/07/2023	Patient started developing difficulty in passing stools, abdominal pain and abdominal distension
16/11/2023	For the mentioned complaints, the patient had consulted a general physician and was advised to take an antacid (proton-pump inhibitor – omeprazole), a probiotic preparation (containing Lactobacillus spp.), and an antibiotic (rifaximin) for 20 days.
07/02/2024	Patient came to Kayachikitsa OPD of Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University, Varanasi. Prescribed Kshar Ghrit (10 ml) twice a day with lukewarm water after meal.
07/03/2024	Patient came to Kayachikitsa OPD with mild relief in all symptoms.
07/04/2024	Patient came to Kayachikitsa OPD with significant relief in all symptoms.

RESULTS AND DISCUSSION

The patient's symptoms showed significant improvement following the treatment. After completing the two-month follow-up medication, the patient experienced further relief and is now enjoying a better quality of life.

Role of Modern Diagnostic Criteria's in Grahani

The current healthcare system has revised the diagnostic criteria for Irritable Bowel Syndrome on a timely basis. The Rome IV criteria are the most widely accepted for diagnosing Irritable Bowel Syndrome. If we analyse these criteria closely, we may conclude that they cover the majority of Grahani Roga's symptomatology, such as Poonah-poonah mala pravritti. As a result, if we comprehend irritable bowel syndrome as nothing more than Grahani Roga from the classics, we can effectively manage it.

Role of Agni in Grahani Roga

When Agni is in its natural state, it maintains an individual Ayu (age), Varn (complexion), Bala (strength), Swasthya (health), Utsah (enthusiasm), Upchaya (anabolism), Prabha (glow), Oja (immunity), Tez (sharpness), other Agnis of the body (Bhootagni, Dhatvagni), and Prana (life) in proper form. When the Agni in the body subsides, a person dies and when it gets vitiated, the person becomes sick. Therefore, Agni has been said to be the root of Ayu (age), Bala (strength), Varn (complexion), etc⁹.

Agni dusti occurs due to abhojanat (no intake of food), ajeerna (indigestion), atibhojanat (excessive intake of food), vishamashanat (improper intake of), asatmya bhojanat (incompatible food), sheet bhojanat (cold food), atiruksha bhojanat (excessive dry food) it becomes incapable of properly digesting even lagu aahar, resulting in Grahani Rog¹⁰.

Role of Kshar Ghrit in Grahani Roga

Acharya Charak has mentioned “Agni dusti” as the main causative factor of Grahani in Grahani Chikitsa (Adhyaya-15). All the ingredients (vid lavana, kala lavana, sarjikakshar, yavakshara, saptala, kantakari, chitrak) of Kshar Ghrit perform deepan and paachan karma. Intake of Kshar Ghrit increases the Jatharagni. All types of Grahani are caused by the vitiation of Agni. hence Kshar Ghrit is useful in Vataj Grahani¹¹.

Preparation of Kshar Ghrit

Kshar Ghrit was prepared by Ayurvedic Pharmacy, Faculty of Ayurveda, IMS BHU Varanasi.

For the preparation, all seven dried ingredients—Vid lavan, Kala lavan, Sarjikshar, Yavakshar, Chitrak, Satdhariya sehund, and Kantakari—were taken in equal proportions, each weighing 3 kg, and were incinerated in a furnace to obtain the ash. The burnt material was then dissolved in six times the quantity of water (18 litres) and filtered seven times over a period of seven days, with one filtration carried out each day. After obtaining the purified filtrate, 12 litres of this filtrate were mixed with 6 litres of ghee and the mixture was heated gently on a low flame, maintaining the temperature between 221°F and 244°F, until only the ghee portion remained. This entire method follows the procedure for preparing Kshar Ghrit described in Charaka Samhita, Chikitsa Sthana, Chapter 15.

CONCLUSION

The following case study illustrates the successful Ayurvedic management of Vataj Grahani, which is correlated to IBS with the use of Kshar Ghrita. It significantly reduced the symptoms presented, such as alternating constipation and diarrhea, abdominal pain, bloating, restored bowel habits to normal, and improved the quality of life of the patient. Kshar Ghrita eliminating the root cause by enhancing Agni, hence treating the Grahani Roga. This case shows that Ayurvedic intervention Kshar Ghrit, can be an effective and holistic alternative in managing IBS and other disorders related to the digestive system.

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