Scoring and Grading System for Signs & Symptoms of Grahani Dosha

W. Nicy Wilson¹*, Prashasth², Muralidhara³.

Dept. of Kayachikitsa SKAMCH & RC Vijayanagar, Bengaluru, India.

*Corresponding Author: W. Nicy Wilson

Abstract

Agni is the invariable agent of Paka. Ingested food is to be digested, absorbed and then assimilated - which is unavoidable for the maintenance of life and all these are performed by Agni. Mandagni is the main cause of Grahani. The predominant symptoms of grahanidosh seen in clinical practice are Ajirna, Athisrstam(diarrhoea), Vibadham (constipation), Amlodhgara, Arachakam, udarasula, trsnaetc. Each of these predominant symptoms will be scored on a scale from 0 to 3 and then graded. This will help us to assess the progression of the disease, so that treatment can be planned accordingly.

Keywords: Mandhagni, Grahani, Ajirna, Vibadham, Athisrstam, Scores, Grades.

Introduction

Food, activities, sleep are the principle factors that influence the health and overall wellbeing of an individual. Each of these factors has its own rules to be followed. Any change in these rules leads to various pathological conditions. An irregular dietary patterns, intake of meals at improper timings, frequent indulgence of junk foods all leads to various health issues. Also due to the tremendous advancement of science many pesticides and chemicals are used to increase productivity. Thus polluted air, food and water inturn leads to various diseases in human society. Gastro-intestinal disorders are most commonly prevalent among them. Most of the digestive diseases are chronic or recurrent and lead to more disability than acute transient illness.

Grahani is considered asagniadhishtana as it restrains the undigested food till its fully digested. As per Carakacharya, grahanisthana is nabhiuparya[3] whereas Susruthacharya mentions its location at pittadhara kala which is situated in between amasaya and pakwasaya[4].

Those diseases which are located in the grahanis called grahanidosh whereas malfunctioning of the organ grahan leads to grahaniroga. Acharya Caraka mentions that ahitaannapana is the causative factors whereas in AstangaHridaya and Susruta Samhitait is told that atisararogai indulging in ahitaanapana has been mentioned as causative factor for the disease grahanii.
Lakshanas Based on Dosha Predominance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Timira</td>
<td>Puthiamlohgara</td>
<td>Chardi</td>
</tr>
<tr>
<td>Aayavashoka</td>
<td>Aruchi</td>
<td>Arochaka</td>
</tr>
<tr>
<td>Trena</td>
<td>Kanda daha</td>
<td>Hrllasa</td>
</tr>
<tr>
<td>Karnayoshwana</td>
<td>Hrddaha</td>
<td>Aasyamadhuryam</td>
</tr>
<tr>
<td>Karsyadourbalya</td>
<td></td>
<td>Akrsadourbalya</td>
</tr>
<tr>
<td>Hrdpida</td>
<td></td>
<td>Sthiriaharshana</td>
</tr>
<tr>
<td>Parikartika</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhmaana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viahuchika</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muhurbadda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muhurdravam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Among all the symptoms mentioned in samhitas, here common symptoms patient present with are considered for grading purposes,

**Muhurbadda**
- Passage bowel once per day – 0
- Defecation with straining – 1
- Passage bowel on alternate days – 2
- Passage bowel once in 2-3 days – 3

**Muhur Drava**
- Loose stools occasionally – 0
- Loose stools 1 to 2 times a day – 1
- Loose stools up to 4 times a day – 2
- Loose stools more than 4 times a day – 3

**Abdominal Discomfort**
- Abdominal discomfort occasionally – 0
- Continuous abdominal discomfort relieved by defeccation – 1
- Continuous abdominal discomfort even after defeccation – 2
- Continuous abdominal discomfort with loose bowels – 3

**Adhmana**
- No Adhmana -0
- Adhmanapresent occasionally-1
- Adhmana associated with increased udhghara -2
- Adhmanaassociated with antra kujana -3

**Hrdkantadaha**
- No Hrdkantadaha -0
- Hrdkantadahaoccasionally – 1
- Hrdkantadaha relieved after ingestion of food – 2
- Hrdkantadaha not relieved even after ingestion of food – 3

Sama-niramaavastha
- **Varchas** floating – 0
- **Varchas** partially floats and partially sinks – 1
- **Varchas** sinks without picchila and durgandha -2
- **Varchas** sinks with picchila and durgandha -3

All these lakshanas which has been scored were then given suitable gradings as follows,

**Table 1: Grading Table**

<table>
<thead>
<tr>
<th>Scores</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 to 07</td>
<td>Grade I</td>
</tr>
<tr>
<td>08 to 11</td>
<td>Grade II</td>
</tr>
<tr>
<td>12 to 15</td>
<td>Grade III</td>
</tr>
<tr>
<td>16 to 18</td>
<td>Grade IV</td>
</tr>
</tbody>
</table>

**Understanding Grades**

Through each grades we can understand the severity of that particular condition, as consider Grade I where the doshas have undergone mild vitiation which will be sukhasadhya for which langana and samsamana can be planned as chikitsa.

In Grade II doshas are in madhyamaavastha which will be krcchrasadhya, samsamana and pathya can be planned.

In Grade III where doshas are in bahuavastha which will be yapya for which samana along with sodhana followed by rasayana should be planned.

In Grade IV along with bahudoshaavastha certain upadravas could have been manifested, so here based on the avastha particular combination of sodhana and samana should be planned accordingly.

**Table 2: Different Grades**

<table>
<thead>
<tr>
<th>Grades</th>
<th>Avastha</th>
<th>Sadhyasadya</th>
<th>Chikitsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad e i</td>
<td>Alpodosha</td>
<td>sukhasadhy a</td>
<td>langana/pathya</td>
</tr>
<tr>
<td>Grad e ii</td>
<td>madhyamadosha</td>
<td>krcchrasadhy a</td>
<td>samsamana</td>
</tr>
<tr>
<td>Grad e iii</td>
<td>Bahudosha</td>
<td>yapya</td>
<td>samana/sodhana/ra sayana</td>
</tr>
<tr>
<td>Grad e iv</td>
<td>bahudosha + upadrava</td>
<td>anupatram a</td>
<td>yadhaavastha [combination of samana and shodhana]</td>
</tr>
</tbody>
</table>

**Conclusion**

This method of scoring and grading the signs and symptoms of Grahani will help us to understand the avastha of the disease through which we can analyse the further prognosis of the disease thereby we can plan treatment based on each avastha.
Acknowledgement
Dr. Byresh A, Professor Dept., of PG Studies in Kayachikitsa, SKAMCH

References


