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Original Article

Analysing Crohn's Disease Through the Perspective of Ayurveda: A Conceptual Study in Relation to Grahani Roga

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ABSTRACT

Crohn's disease is an idiopathic chronic inflammatory bowel disease. It is characterised by generally transmural, granulomatous inflammation that leads to irreversible damage to the gastrointestinal tract. The inflammation arises from an uncontrolled immune response to luminal bacterial antigens, with hyperactive T cells and excessive cytokine production. In *Ayurveda, Agni* and *Grahani* are central to understanding gastrointestinal disorders. *Grahani* is the seat of *Agni*, and its dysfunction produces *Grahani Roga,* which includes conditions resembling Crohn's disease. *Agnimandya* leads to *Ajirna* and then to *Grahani Dosha*. This presents with *Karshya, Dhoomaka, Jvara, Vishtambha, Svayathu* of the hands and feet, *Asthi-Parva Ruk* and *Chardana*, which parallel the features of Crohn's disease. Immune dysregulation can be viewed as *Vikruti* in *Vyadhikshamatva*. It arises from *Ama*, the *Apakwa Annarasa* with *Snigdha* and *Pichila gunas*. *Ama* becomes progressively more toxic and takes on the qualities of *Visha,* becoming *Amavisha*. This produces *Vishama Dhatu* and disturbs the *Gunas* of *Ojas*: *Sthiratva, Snigdhatva, Vivikta, Saumya* and *Mridu*. *Ojas* is considered as the *sara* of *dhatus* which when affected leading to *Vikruti* in *Vyadhikshamatva*. **Objective**: The objective of this study is to interpret Crohn's disease through the lens of the Ayurvedic *Guna Siddhanta*, and to correlate its pathophysiology and clinical features with *Grahani Roga*. **Methodology**: A review of classical Ayurvedic texts and contemporary medical literature was conducted. It examined the pathophysiology of Crohn's disease through the perspective of *Ayurveda* and its relevance to *Grahani Roga.* **Results**: In *Ayurveda*, the pathophysiology of Crohn's disease can be understood as *Sama dosha dushti* progressing to *Amavisha*. Management can therefore combine *Visha shamana* and *Ama pachana*, which restores the functions of *Agni* and *Grahani*. **Conclusion**: Interpreting Crohn's disease through the *Ayurvedic Guna Siddhanta* gives useful insight into its pathophysiology and management. The concept of *Grahani* helps explain the disease and shows the importance of *Agni* and its link to overall health.

Keywords: Crohn's disease, Grahani Roga, Agni, Ama, Amavisha

INTRODUCTION

Crohn's disease is a chronic inflammatory bowel disease (IBD) characterised by granulomatous inflammation that is generally transmural, leading to irreversible tissue damage to the gastrointestinal tract. In Asia, the reported incidence ranges from 0.04 to 5.0 per 100,000 population and the prevalence from 0.88 to 67.9 per 100,000[1] which emphasises the importance of environmental factors in disease pathogenesis. The true prevalence across different regions of India remains unknown.

In Ayurveda, the concept of *Agni* and *Grahani Roga* plays a crucial role in understanding the pathophysiology of gastrointestinal disorders. *Grahani* is the organ that holds and regulates the food, and it is the seat of *Agni* and is so named because it holds the ingested food[2]. It is the sixth *Pittadhara Kala*[3] and is situated between the *Pakvashaya* and the *Amashaya*. *Agni* is the root of life and health. *Bala, Arogya, Ayu* and *Prana* are dependent on the state of *Agni* that burns when fed by the fuel of food and drink or diminishes when deprived of them. When *Agni* is disturbed, *Grahani* becomes vitiated by the factors that diminish *Agni* (*Agnisadana Hetu*)[5].

1.2 Methodology

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A conceptual review was conducted using material collected from classical texts and contemporary medical literature. The study analyses the pathophysiology of Crohn's disease through the perspective of *Ayurveda* and its relevance to *Grahani Roga*.

2. Literature Review

2.1 Ayurvedic literature on Grahani Roga

Acharya Charaka defines *Grahani Roga* as a condition in which a person with *Durbala Agni* (weak *Agni)* undergoes *Vidaha* (abnormal, acidic transformation) of the ingested food, which then moves upwards or downwards, or is passed as *Ama* (undigested) or *Pakva* (digested) stool.The stool in this condition is described as *Atisrishta* (loose), *Vibaddha* (constipated) or *Drava* (liquid)[6]. The entire food remains in the *Vidagdha* stage. The *Lakshanas* described are:

- *Trishna* (thirst)
- *Arochaka* (anorexia)
- *Vairasya* (altered or distasteful taste)
- *Praseka* (excessive salivation)
- *Shoona Pada Kara* (swelling of the feet and hands)
- *Asthi* and *Parva Ruk* (pain in the bones and joints)
- *Chardi* (vomiting)
- *Jvara* (fever)
- *Ama Gandhi Udgara* and *Amla Udgara* (foul-smelling and sour eructations)

Grahani Roga is listed among the *Mahagadas* (major diseases) [7], and its treatment is considered *Krichrasadhya* (difficult to treat) [8].

2.2 Modern literature on Crohn's disease

The tissue inflammation in Crohn's disease is caused by an uncontrolled immune response against luminal bacterial antigens, the most significant change being hyperactivity of T cells with excessive production of cytokines. In a normal host, microbial or dietary antigen stimulation produces only physiological, limited inflammation of the intestinal mucosa with no tissue injury. In a susceptible host, the same stimulation provokes uncontrolled inflammation with extensive tissue injury.

The disease is frequently diagnosed in its chronic stages. Conventional treatment relies on immunosuppressive drugs (azathioprine, mercaptopurine, methotrexate, infliximab, adalimumab), anti-inflammatory aminosalicylates, and corticosteroids (prednisone, methylprednisolone), the last of which are powerful anti-inflammatory agents that can quickly stop painful flare-ups[9].

3. Modern and Ayurvedic View

3.1 Ayurvedic view: Nidana

The *Nidana* of *Grahani Roga* are divided into *Samanya* (general) and *Vishishta* (specific, according to *Dosha*)[9].

Samanya Nidana: Abhojana (fasting), *Atibhojana* (overeating), *Ajirna* (eating during indigestion), *Vishamashana* (irregular eating), *Guru*, *Sheeta* and *Atiruksha Bhojana*, *Sandushta Bhojana* (contaminated or incompatible food) and *Vega Dharana* (suppression of natural urges).

Vishishta Nidana:

- *Vataja- Katu*, *Tikta*, *Kashaya*, *Atiruksha* and *Sheeta* food, *Vega Nigraha* and *Atimaithuna*.
- *Pittaja -Katu*, *Vidahi Anna*, *Amla* and *Kshara* food.
- *Kaphaja - Guru*, *Atisnigdha* and *Sheeta* food.

Vidahi Anna includes substances such as *Madya*, *Amla*, *Takra*, *Dadhi*, *Nishpava*, *Vrihi*, *Varicara Mamsa* and *Kulattha* when taken in excess.

The causes of Crohn's disease are broadly grouped into environmental and genetic factors. Environmental factors include smoking, diet and lifestyle, while genetic susceptibility arises from gene mutations (for example: *NOD2*) and familial clustering. Recognised risk factors include smoking, antibiotic use and oral contraceptives.

3.2 Modern view of the pathogenesis

Environmental factors (diet, drugs) and risk factors (smoking, sedentary lifestyle) trigger a systemic immune response directed primarily against the gastrointestinal tract, resulting in inflammation of the GI lining and impaired digestion and metabolism. Uncontrolled inflammatory cytokines destroy the mucosal epithelial cells of the GI wall through apoptosis, producing the characteristic patchy "skip lesions". Atrophy and scarring of the intestinal villi impair

absorption of nutrients and lead to weight loss. Sodium reabsorption gradually disappears from the epithelium, so that more sodium is retained in the intestinal lumen, causing diarrhoea.

The principal clinical features are abdominal pain, diarrhoea, weight loss, constipation, abdominal distension, burning sensation, canker sores, joint pain, vomiting, fever, swelling, anaemia, weakness and loss of appetite.

3.3 Ayurvedic view: *Samprapti* (pathogenesis)

Nidana sevana (indulgence in the causative factors) vitiates *Agni*, producing *Agnidushti* and *Agnimandya*. The undigested food then forms *Ama* along with the *Tridosha Dushti* (*sama dosha*). The *Ushnatva* of *Agni* is compromised, so that food is not digested even when it is light (*Na Tat Pachati Laghvapi*). *Ama* possesses the *Gunas Drava*, *Snigdha*, *Picchila* and *Guru*. With continued *Nidana Sevana* the food undergoes *Shuktatva* (sour fermentation), and the *Ama* becomes *Ghora Annavisha* i.e. *Amavisha* – which possesses the *Gunas* of *Visha* (*Visharupata*). *Agnimandya* leads to *Ajirna* and then to *Grahani Dosha*. This presents with *Karshya, Dhoomaka, Jvara, Vishtambha, Svayathu* of the hands and feet, *Asthi-Parva Ruk* and *Chardana*, which parallel the features of Crohn's disease

Amavisha causes *Dhatu Vaishamya* and affects the *Gunas* of *Ojas*, resulting in *Ojo Dushti* leading to *Ojo Vikruti* resulting in dysregulated *Vyadhikshamatva*. The *Tikshna Guna* of *Pitta* leads to the formation of *Vrana* (ulcers), while the *Drava* and *Ushna Gunas* of *Pitta*, together with *Laghu and Ruksha Guna of Vata*, give rise to the stool pattern described as *Atisrishta Vibaddham Va Dravam* (loose stool or constipated).

4. Management in Ayurveda

The *chikitsa* of *Grahani Roga* follows the principle of correcting *Agni* and clearing *ama*, adapted to the stage of the disease, as given in the *Charaka Samhita*.

- *Nidana parivarjana* -avoidance of the causative dietary and behavioural factors.
- *Sadyo Vamana* -when *Amavisha* is present with symptoms such as *Vishtambha*, *Praseka*, *Vidaha*, *Aruchi* and *Gaurava*, emesis is given at once with *Ushna Ambu* (warm water) or a *Kashaya* of *Pippali* and *Madanaphala* with *Sarshapa*.
- *Virechana* -If *Ama* moves downward and affetcs *Pakvashaya*[10].
- *Pachana* of *Ama* - *Langhana* and *Pachana* with *Deepana* drugs, depending on whether the *Ama* is lodged in the *Pakvashaya* or has spread through the body along with the *Rasa* [11].
- *Niramavastha Chikitsa* -once *Ama* is cleared, *Snehapana* with *Deepaniya Gana* drugs, *Abhyanga*, *Svedana*, *Niruha Basti* and *Anuvasana Basti* are administered[12].
- *Takra Prayoga* - Buttermilk Is Given as the *Pathya* in *Grahani Roga*[13]. It is *Laghu*, *Deepana* and *Grahi*, with *Madhura Vipaka*, so it does not aggravate *Pitta*; Its *Kashaya Rasa* and *Ushna Virya* pacify *Kapha*, and its *Madhura* and *Amla Rasa* pacify *Vata*.
- *Piccha Basti* mentioned in *Arshas Chikitsa* can be administered here in case of *Atisara* along with *Rakta.*
- *Shamana Oushadi- Ghrita Prayoga* such as *Dasahamooladya Ghrita, Chandanadya Ghrita*[14] etc. *Rasa Parpat*i such as *Panchamrita Parpati, Loha parpati,* etc can be given.
- *Pathya Ahara* and *Vihara* – the maintenance of *Agni* through suitable diet and lifestyle, which differs from person to person.

DISCUSSION

Grahani Roga occurs due to diminished function of *Agni*. When *Agni* functions normally it provides *Bala*, *Ayu* and *Prana* but when it is disturbed, various diseases arise, of which *Grahani Roga* is one. The pathophysiology of Crohn's disease can therefore be understood as *Sama Dosha Dushti* progressing to *Amavisha*.

The modern sequence of environmental and behavioural triggers, immune activation, mucosal inflammation and malabsorption corresponds closely with the Ayurvedic sequence of *Nidana Sevana*, *Agnimandya*, *Ama*, *Amavisha* and *Dhatu Vaishamya*. The *Guna Siddhanta* offers a coherent explanation for every symptom, from the *Vata*-related pain, distension and wasting, to the *Pitta*-related diarrhoea, burning, fever and ulceration, and the *Kapha* and *Ama* related heaviness, anorexia and weakness. The persistent, relapsing course of the disease also fits the classical description of *Sannipataja Grahani*, in which all three *Doshas* are involved.

Grahani Roga is mentioned as one of the *Mahagadas* and Crohn's disease is often diagnosed in its chronic stages. The condition is *Krichrasadhya*, but can be managed by *Sannipataja Grahani Chikitsa*. Whereas conventional therapy relies on immunosuppressants, aminosalicylates and corticosteroids, the Ayurvedic approach aims at removing *nidana*, clearing *Ama* and *Amavisha*, and restoring *Agni*, with *Pathya Ahara* and *Vihara* individualised for each patient.

CONCLUSION

Crohn's disease can be understood through the framework of *Grahani Roga*, in which diminished *Agni* leads to *Sama Dosha Dushti*, progresses to *Amavisha* and ultimately disturbs *Ojas*. The *Guna Siddhanta* provides a practical means of interpreting each clinical feature and of selecting treatment. The management principles of *Nidana Parivarjana*, *Sadyo Vamana* in *Amavisha*, *Ama Pachana*, *Snehana*, *Svedana*, *Basti* and *Takra Prayoga*, together with individualised *Pathya*, form a rational basis for managing Crohn's disease. Although the disease is *Krichrasadhya*, timely *Sannipataja Grahani Chikitsa* offers a useful approach. Clinical studies are needed to validate these concepts.

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