

Assessment Of Agnibala In Vataj Grahani Before And After Ayurvedic Intervention.

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ABSTRACT

Background: Vataj Grahani is a chronic gastrointestinal disorder described extensively in Ayurvedic texts, primarily caused by Agni Dusti. Its clinical presentation resembles Irritable Bowel Syndrome (IBS) as per modern medicine. Restoration of Agni is central to treatment, and Kshar Ghrit—having Deepan-Pachana and Agni-balancing properties—is traditionally recommended. This study aimed to assess Agnibala in Vataj Grahani patients before and after Ayurvedic intervention using Kshar Ghrit.

Methods: A total of 45 clinically diagnosed Vataj Grahani patients were selected according to inclusion and exclusion criteria. Each patient received 10 ml Kshar Ghrit twice daily after meals for 3 months, with monthly follow-ups. Agnibala was assessed using a standard questionnaire-based proforma developed by Singh A. et al. (IMS BHU). Eight classical symptoms of Vataj Grahani and Rome IV criteria for IBS were incorporated for evaluation. Data were statistically analyzed.

Results: Significant improvement was observed in all major symptoms. Abdominal pain reduced to Grade 0 in 73.3% patients; increased stool frequency, loose mucoid stools, bloating, constipation-predominant stools, and dryness showed substantial improvement. Vomiting resolved completely. Overall Agnibala improved markedly post-intervention, with a shift toward balanced digestive function.

Conclusion: Kshar Ghrit proved effective in enhancing Agnibala and relieving symptoms of Vataj Grahani. The intervention demonstrated significant improvement in digestive function and Vata-related symptoms, indicating strong potential for managing functional gastrointestinal disorders within Ayurvedic practice.

1. INTRODUCTION

Grahani is a chronic illness that makes day-to-day living difficult. The same etiological variables that lead to the vitiation of tridosha and a decrease in Agni are also responsible for Ama production. Excessive intake of guru aahar, Adhyashan, Ajirnanashan, inappropriate Vaman and Virechan, and some other variables including psychological stress are other significant culprits. The primary symptom of the illness is frequent passage of liquid, occasionally solid, but always Vishtambh mala.

Vataj Grahani, a disorder of the digestive system, is comprehensively described by Acharya Charak, Acharya Sushrut, and Acharya Vagbhatt in their seminal texts: Charak Samhita, Sushrut Samhita, and Astang Hridaya respectively. These revered Ayurvedic Acharyas unanimously identify the root cause of all Grahani rog as Agni dusti, or the vitiation of Agni.

The primary etiological factors (Nidaan) for Vataj Grahani include the excessive consumption of pungent (Katu), bitter (Tikta), astringent (Kasaya), and excessively cold (Ati Sheet) foods, as well as irregular eating habits such as consuming very little or no food (Anashana). Such dietary indiscretions impair the Agni, leading to the manifestation of Vataj Grahani.

Acharya Charak elaborates on the symptomatic characteristics of Vataj Grahani in Charak Samhita Chikitsa Sthan (C.Ch.15/64), highlighting symptoms such as difficult and delayed stool passage (Chirat Dukham), stools that are liquid (Dravam), dry (Shushkam), thin (Tanu), undigested (Amam), accompanied by sound (Shabdham), and frothy (Phenatvam). Acharya Vagbhatt concurs with these descriptions in Astang Hridaya Nidaan Sthan and Chikitsa Sthan, adding the symptom of frequent stool passage (Punah Punah Srjet Varchah). These detailed descriptions underscore the intricate understanding of Vataj Grahani in classical Ayurvedic literature.

In *Ayurveda*, *Agni*, or digestive fire, plays a crucial role in digestion and metabolism. The proper functioning of *Agni* is essential for sustaining life, as it metabolizes food into energy, influencing health, vitality, and strength. The concept of *Agni* encompasses various types and stages, each playing a significant role in digestion and overall well-being.

Ayurvedic texts describe different classifications and functions of *Agni*. Acharya Charak mentions 13 types of *Agni*, including *Jatharagni* (present between *amashaya* and *pakwashaya*), *Bhutagni* (related to the five basic elements i.e. *Prithvi*, *Jal*, *Agni*, *Vayu* and *Akash*), and *Dhatvagni* (specific to the seven *dhatu*s or bodily tissues i.e. *Rasagni*, *Raktagni*, *Mamsagni*, *Medoagni*, *Asthyagni*, *Majjagni*, *Shukragni*). Acharya Sushrut and other Acharyas have similar but varying classifications. These *Agnis* collectively ensure the proper digestion, absorption, and assimilation of nutrients.

The strength of *Agni* determines the efficiency of the digestive process. Acharya Charak categorizes *Agni* into four types based on its strength: *Samagni* (balanced), *Vishamagni* (irregular), *Tikshnagni* (intense), and *Mandagni* (weak). Each type affects the digestive process differently, influencing overall health and metabolic balance.

A fundamental understanding of the principle of *Agni* is essential in *Ayurveda*, since it forms the foundation for understanding the concepts of health, disease, and medical care. By maintaining the balance and strength of *Agni*, individuals can achieve optimal health and well-being. The features of *Grahani roga* are somewhat similar to those of Irritable Bowel Syndrome in current researches.

The Irritable Bowel Syndrome Global Impact Report 2018 states that the worldwide prevalence of Irritable Bowel Syndrome is 11%. The estimated prevalence of the condition in India is roughly 4.2%, with about 10-20% of individuals seeking medical treatment. Irritable Bowel Syndrome is the predominant illness observed by gastroenterologists in the USA, affecting around 15% of Americans. Irritable Bowel Syndrome is a long-term functional illness of the non-normal gut that does not result in anatomical alterations to the gastrointestinal system. It is characterized by changes in bowel habits, which are frequently linked to constipation and diarrhoea along with stomach pain. Some typical symptoms in people with IBS are abdominal distension, presence of mucus in the stool, sense of incomplete rectal evacuation, relief from discomfort with looser bowel movements, and increased frequency of stools with the beginning of pain.

The *Ayurvedic* management of *Vataj Grahani* focuses on restoring the balance of *Agni*. One of the traditional formulations used for this purpose is *Kshar Ghrit*, described in the *Charak Samhita*. *Kshar Ghrit* contains ingredients such as *vid lavana*, *kala lavana*, *sarjikakshar*, *yavakshara*, *saptala*, *kantakari*, and *chitrak*, which are known for their *deepan* (enhancing digestive fire) and *paachan* (digestive) properties. By increasing *Jatharagni*, *Kshar Ghrit* is beneficial in treating various types of *Grahani roga*.

The present study, entitled “**Assessment of Agnibala in Vataj Grahani before and after Ayurvedic intervention**”, was intended to assess the *Agnibala* of *Vataj Grahani* patients and to assess the efficacy of Ayurvedic intervention (*Kshar Ghrit*) in *Vataj Grahani*.

Lot of studies on *Grahani* have already been done, but assessment of *Agnibala* in *Vataj Grahani* before and after *Ayurvedic* Intervention has not been done yet. By exploring the intricate relationship between *Agni* and *Vataj Grahani* and assessing the impact of *Ayurvedic* interventions, this study seeks to contribute to the understanding and effective management of digestive disorders within the framework of traditional *Ayurvedic* medicine.

2. MATERIAL AND METHOD

The present study entitled “**Assessment of Agnibala in Vataj Grahani before and after Ayurvedic intervention**” has been carried out in **Department of Kriya Sharir, Faculty of Ayurveda, IMS, BHU, Varanasi**.

The study was approved by the Institutional Ethics Committee. (No. Dean/2022/EC/3575) (Dated: 20.10.2022)

CTRI registration had done for the study. CTRI Number- CTRI/2023/09/057572 [Registered on: 13/09/2023]

The content of *Kshar Ghrit* for clinical trial and research work were identified and authenticated by Dept. of Botany, Institute of science, BHU. For authentication or standardization of the drug certain criteria were used like macroscopic study which includes organoleptic characters like its taste, texture, smell, shape, colour etc. In microscopic study were seen its transverse and lateral section. Later on other criterias were also use like ash value, foreign particals, its phytochemical screening etc. *Kshar Ghrit* was prepared by Ayurvedic Pharmacy, Faculty of Ayurveda, IMS BHU Varanasi.

3. METHODOLOGY

Already diagnosed patient with sample size of 45 were registered from the OPD/IPD of Kayachikitsa, S.S Hospital BHU, Varanasi. *Agnibala* was assessed before and after the *Ayurvedic* intervention in each patient (45). 10 ml B.D of *Kshar Ghrit* was given to the patients after meal. A standard proforma of *Agnibala* were used for the assessment for *Agnibala*. Observations and data collected at the end of the clinical trial study were subjected to statistical analysis. Duration of Treatment was 3 Months, Follow Up every 1 month. *Pathya-Apathya* were followed in all patients.

Inclusion and Exclusion Criteria

Patients willing to participate in the study and of either sex between the ages of 18 to 60 years were included. Only those

with a history of *Vataj Grahani* for less than five years and presenting with its classical features were considered.

Patients below 18 or above 60 years, those with bleeding per rectum, malignancy, uncontrolled diabetes or hypertension, major cardiac issues, or prolonged medication use (e.g., corticosteroids, antidepressants) were excluded. Patients with major systemic illnesses (e.g., rheumatoid arthritis, tuberculosis, psycho-neuro-endocrinal disorders), serious hepatic, renal, or pulmonary dysfunction, hypersensitivity to the trial drug, pregnant/lactating women, or those who participated in another clinical trial in the past six months were also excluded.

Criteria for Assessment

Agnibala was assessed before and after the *Ayurvedic* intervention using a standard proforma developed by Singh A. et al. (2016) from the Department of Kriya Sharir, IMS BHU, Varanasi. This proforma, originally prepared by Dr. Aparna Singh et al. in 2013, is a questionnaire-based tool designed to evaluate the strength of *Agni*.

The questionnaire is primarily based on the classification of *Agnibala* described in *Charaka Samhita (Vimanasthana, Chapter 6, Verse 12)*, which defines the four functional states of *Jatharagni: Vishmagni, Tikshanagni, Mandagni, and Samagni*. It consists of 11 questions, where responses are marked according to the participant's agreement or disagreement. The *Agnibala* type with the highest percentage in the assessment is considered the individual's dominant *Agnibala*.

The study primarily utilized subjective criteria and also incorporated the Rome IV criteria. Eight key clinical symptoms of *Vataj Grahani*, as described in *Ayurveda*, were considered for assessment. These symptoms included abdominal pain (*उदरशूल*), increased stool frequency (*पुनः पुनः मलप्रवृत्ति*), loose stools with mucus (*आम मलप्रवृत्ति*), abdominal bloating (*आध्मान*), constipation-predominant bowel movements (*अतिबद्ध मल*), dryness or roughness of body parts such as skin and hair (*पारुष्य*), vomiting (*छर्दि*), and a disturbed mental condition (*मन सदन्*).

We also utilized the Rome IV criteria for diagnosing Irritable Bowel Syndrome (IBS). According to these criteria, symptoms must be present for the last three months, with onset at least six months prior to diagnosis. The key diagnostic feature is recurrent abdominal pain occurring at least one day per week in the last three months, along with at least two of the following: pain related to defecation, a change in stool frequency, or a change in stool form (appearance).

4. RESULT

A total of 60 already diagnosed patients of *Vataj Grahani* were initially registered for the study from the OPD of *Kayachikitsa*, Sir Sunderlal Hospital, IMS, BHU, Varanasi. During the follow-up period, 15 patients discontinued participation. Thus, the study was successfully completed on the remaining 45 patients, who fulfilled the protocol requirements and were included in the final analysis.

Table No. 1: Table showing *उदरशूल* (Pain in Abdomen) in 45 patients of *Vataj Grahani*

Grade	<i>उदरशूल</i> (Pain in Abdomen) Number and Percentage				Within the group comparison Wilcoxon Ranks Test BT-F3 Signed
	BT	F1	F2	F3	
0	08 (17.8)	13 (28.9)	23 (51.1)	33 (73.3)	Z= 5.565 P= 0.000
1	24 (53.3)	23 (51.1)	17 (37.8)	12 (26.7)	
2	13 (28.9)	09 (20.0)	05 (11.1)	00 (00.0)	
3	00 (00.0)	00 (00.0)	00 (00.0)	00 (00.0)	

The above table shows that initially, 53.3% of patients presented with Grade 1 (mild) abdominal pain, 28.9% with Grade 2, and 17.8% with Grade 0. Following the *Ayurvedic* intervention, a marked reduction in pain was observed, with 73.3% of patients shifting to Grade 0 (no pain) and 26.7% to Grade 1. Within-group analysis using the Wilcoxon Signed Ranks Test (BT-F3) demonstrated a statistically highly significant improvement in abdominal pain ($p = 0.000$).

Table No. 2: Table showing पुनः पुनः मलप्रवृत्ति (Increased frequency of stool) in 45 patients of Vataj Grahani

Grade	पुनः पुनः मलप्रवृत्ति (Increased frequency of stool) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	02 (04.4)	03 (06.7)	11 (24.4)	33 (73.3)	Z= 5.774 P= 0.000
1	22 (48.9)	31 (68.9)	29 (64.4)	11 (24.4)	
2	20 (44.4)	11 (24.4)	05 (11.1)	01 (02.2)	
3	01 (02.2)	00 (00.0)	00 (00.0)	00 (00.0)	

The above table shows that initially, 48.9% of patients exhibited Grade 1 increased stool frequency, 44.4% were in Grade 0, 4.4% in Grade 2, and 2.2% in Grade 3. After the intervention, a substantial improvement was observed, with 73.3% of patients shifting to Grade 0, 26.7% to Grade 1, and only 2.2% remaining in Grade 2. Overall, increased stool frequency reduced markedly, with the majority of patients attaining Grade 0 at the final follow-up. Within-group comparison using the Wilcoxon Signed Ranks Test (BT–F3) demonstrated a statistically highly significant improvement ($p = 0.000$).

Table No. 3: Table showing आम मलप्रवृत्ति (Loose stool with mucous) in 45 patients of Vataj Grahani

Grade	आम मलप्रवृत्ति (Loose stool with mucous) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	01 (02.2)	01 (02.2)	10 (22.2)	30 (66.7)	Z= 5.690 P= 0.000
1	14 (31.1)	27 (60.0)	30 (66.7)	14 (31.1)	
2	30 (66.7)	17 (37.8)	05 (11.1)	01 (02.2)	
3	00 (00.0)	00 (00.0)	00 (00.0)	00 (00.0)	

The above table shows that initially, 66.7% of patients presented with Grade 2 loose stools with mucus, 31.1% with Grade 1, and 2.2% with Grade 0. Following the intervention, a marked shift toward improvement was observed, with 66.7% of patients reaching Grade 0, 31.1% in Grade 1, and only 2.2% remaining in Grade 2. Overall, the severity of loose stools with mucus showed substantial reduction, with the majority attaining Grade 0 at the final follow-up. Within-group comparison using the Wilcoxon Signed Ranks Test (BT–F3) demonstrated statistically highly significant improvement ($p = 0.000$).

Table No. 4: Table showing आध्मान (Bloating of abdomen) in 45 patients of Vataj Grahani

Grade	आध्मान (Bloating of abdomen) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	14 (31.1)	01 (02.2)	09 (20.0)	31 (68.9)	Z= 5.826 P= 0.000
1	29 (64.4)	22 (48.9)	29 (64.4)	11 (24.4)	
2	02 (04.4)	22 (48.9)	07 (15.6)	03 (06.7)	
3	00 (00.0)	00 (00.0)	00 (00.0)	00 (00.0)	

The above table shows that initially, 64.4% of patients exhibited Grade 1 bloating of the abdomen, 31.1% were in Grade 0, and 4.4% in Grade 2. After the Ayurvedic intervention, a significant improvement was observed, with 68.9% of patients

shifting to Grade 0, 24.4% to Grade 1, and only 6.7% remaining in Grade 2. Overall, bloating of the abdomen showed a marked reduction in severity, with the majority of patients attaining Grade 0 at the final follow-up. Within-group analysis using the Wilcoxon Signed Ranks Test (BT–F3) revealed the improvement to be statistically highly significant ($p = 0.000$).

Table No. 5: Table showing अतिबद्ध मल (Constipation predominant motion) in 45 patients of Vataj Grahani

Grade	अतिबद्ध मल (Constipation predominant motion) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	28 (62.2)	35 (77.8)	29 (64.4)	35 (77.8)	Z= 2.502 P= 0.012
1	10 (22.2)	05 (11.1)	14 (31.1)	09 (20.0)	
2	06 (13.3)	04 (08.9)	02 (04.4)	01 (02.2)	
3	01 (02.2)	01 (02.2)	00 (00.0)	00 (00.0)	

The above table shows that initially, 62.2% of patients presented with Grade 0 constipation-predominant motion, while 22.2% and 13.3% were in Grade 1 and Grade 2 respectively. Following the intervention, further improvement was observed, with 77.8% of patients in Grade 0, 20.0% in Grade 1, and only 2.2% remaining in Grade 2. This reflects a notable reduction in the severity of constipation-predominant bowel habits over the treatment period. Within-group comparison using the Wilcoxon Signed Ranks Test (BT–F3) indicated that the improvement was statistically significant ($p = 0.012$), though less significant compared to other symptom parameters.

Table No. 6: Table showing पारुष्य (Dryness or roughness of hair and skin) in 45 patients of Vataj Grahani

Grade	पारुष्य (Dryness or roughness of hair and skin) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	20 (44.4)	21 (46.7)	21 (46.7)	22 (48.9)	Z= 2.000 P= 0.046
1	21 (46.7)	20 (44.4)	22 (48.9)	21 (46.7)	
2	04 (08.9)	04 (08.9)	02 (04.4)	02 (04.4)	
3	00 (00.0)	00 (00.0)	00 (00.0)	00 (00.0)	

The above table shows that initially, 46.7% of patients exhibited Grade 1 dryness or roughness of hair and skin, 44.4% were in Grade 0, and 8.9% in Grade 2. After the Ayurvedic intervention, a modest improvement was observed, with 48.9% of patients shifting to Grade 0, 46.7% to Grade 1, and only 4.4% remaining in Grade 2. Overall, the severity of dryness or roughness showed a slight reduction at the final follow-up. Within-group comparison using the Wilcoxon Signed Ranks Test (BT–F3) demonstrated that the improvement was statistically significant, though very minimal ($p = 0.041$).

Table No. 7: Table showing छर्दि (Vomiting) Number and Percentage in 45 patients of Vataj Grahani

Grade	छर्दि (Vomiting) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	42 (93.3)	43 (95.6)	45 (100.0)	45 (100.0)	Z= 1.633 P= 0.102
1	02 (04.4)	02 (04.4)	00 (000.0)	00 (000.0)	
2	01 (02.2)	00 (00.0)	00 (000.0)	00 (000.0)	

3	00 (00.0)	00 (00.0)	00 (000.0)	00 (000.0)	
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The above table shows that initially, 93.3% of patients had no vomiting (Grade 0), while 4.4% and 2.2% presented with Grade 1 and Grade 2 respectively. Following the intervention, vomiting resolved completely, with 100% of patients attaining Grade 0 at the final follow-up. Despite this clinical improvement, within-group analysis using the Wilcoxon Signed Ranks Test (BT–F3) showed that the change was statistically not significant ($p = 0.102$).

Table No. 8: Table showing मन सदनें (Disturbed mental condition) Number and Percentage in 45 patients of Vataj Grahani

Grade	मन सदनें (Disturbed mental condition) Number and Percentage				Within the group comparison BT-F3 Wilcoxon Signed Ranks Test
	BT	F1	F2	F3	
0	12 (26.7)	13 (28.9)	20 (44.4)	27 (60.0)	Z= 4.146 P= 0.000
1	28 (62.2)	27 (60.0)	23 (51.1)	17 (37.8)	
2	05 (11.1)	05 (11.1)	02 (04.4)	01 (02.2)	
3	00 (00.0)	00 (00.0)	00 (00.0)	00 (00.0)	

The above table shows initially, 62.2% of patients presented with Grade 1 disturbed mental condition, 26.7% were in Grade 0, and 11.1% in Grade 2. After the intervention, improvement was noted, with 60.0% of patients shifting to Grade 0, 37.8% to Grade 1, and only 2.2% remaining in Grade 2. This reflects a meaningful reduction in the severity of disturbed mental state over the treatment period. Within-group comparison using the Wilcoxon Signed Ranks Test (BT–F3) demonstrated that the improvement was statistically highly significant ($p = 0.000$).

Table No. 9: Table showing Agnibala Number and Percentage in 45 patients of Vataj Grahani

Agnibala	Agnibala Number and Percentage		Within the group comparison BT-AT Wilcoxon Signed Ranks Test
	BT	AT	
Samagni	00 (00.0)	28 (62.2)	Z= 5.014 P= 0.000
Vishamagni	21 (46.7)	15 (33.3)	
Tikshnagni	00 (00.0)	00 (00.0)	
Mandagi	24 (53.3)	02 (04.4)	

The above table shows Initially, 53.3% of patients exhibited Mandagni and 46.7% had Vishamagni, while none presented with Samagni. After the Ayurvedic intervention with Kshar Ghrit, a significant improvement in Agnibala was observed, with 62.2% of patients attaining Samagni, 33.3% remaining in Vishamagni, and only 4.4% persisting with Mandagni. Overall, the proportion of Mandagni patients showed a marked reduction from 53.3% to 4.4%, while Samagni increased substantially from 0% to 62.2%. Within-group comparison demonstrated that this improvement in Agnibala was statistically highly significant ($p = 0.000$).

5. DISCUSSION

The present study, focused on the *Assessment of Agnibala in Vataj Grahani before and after Ayurvedic intervention*, demonstrated that impairment of *Agni* is closely associated with the symptomatology of *Vataj Grahani*. Before treatment, the majority of patients exhibited *Mandagni* or *Vishamagni*, reflecting significant functional compromise of *Jatharagni*. After the administration of *Kshar Ghrit*, a substantial shift toward *Samagni* was observed, indicating notable enhancement of *Agnibala*.

Improvement in *Agni* corresponded closely with clinical recovery. Symptoms such as abdominal pain, increased stool frequency, loose stools with mucus, and abdominal bloating showed significant reduction, suggesting that correction of

Agnibala directly contributes to restoring gastrointestinal stability. Parameters related to *Vata* imbalance—such as constipation-predominant motion, dryness or roughness of hair and skin, and disturbed mental condition—also improved, though to varying degrees, supporting the classical *Ayurvedic* concept that balanced *Agni* helps normalize *Vata* function.

Complete resolution of vomiting and significant improvement in overall digestive capability further validated the therapeutic efficacy of *Kshar Ghrit*. The statistical significance observed across most parameters confirms that strengthening *Agni* plays a pivotal role in the management of *Vataj Grahani*.

Overall, the findings suggest that *Kshar Ghrit* effectively addresses both the symptom complex of *Vataj Grahani* and the underlying *Agni Dushti*. This study supports classical *Ayurvedic* claims and provides clinical evidence for the utility of *Kshar Ghrit* in restoring gastrointestinal function and balancing *Vata Dosha*. Further studies with larger sample sizes, biochemical correlation, and long-term follow-up would help strengthen these observations and advance the integration of *Ayurvedic* interventions in managing functional gastrointestinal disorders.

6. CONCLUSION

The present study demonstrated that impaired *Agnibala* plays a central role in the pathogenesis of *Vataj Grahani*. Administration of *Kshar Ghrit* resulted in a significant shift from *Mandagni* and *Vishamagni* toward *Samagni*, indicating marked improvement in *Agni* status. This enhancement of *Agnibala* corresponded with substantial relief in key clinical symptoms, including abdominal pain, altered stool frequency, loose mucoid stools, and abdominal bloating. Improvement was also noted in *Vata*-related features such as dryness, constipation-predominant motion, and disturbed mental state. Overall, the findings support the classical *Ayurvedic* principle that restoration of *Agni* is fundamental to the management of *Grahani* disorders. *Kshar Ghrit* proved to be an effective intervention in improving *Agnibala* and alleviating the clinical manifestations of *Vataj Grahani*.

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