

# “TAKRAM AMRITAM”: CLINICAL VALIDATION OF TAKRA PRAYOGA IN UDAVARTA–GRAHANI PURVARUPA – A CASE REPORT

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## ABSTRACT

**Introduction:** Grahani Purvarupa represents an early stage of gastrointestinal dysfunction characterized by impaired *Agni* and variable digestive symptoms, often associated with modern lifestyle factors such as stress and irregular diet. When coupled with Udavarta—marked by *Pratiloma Gati* of *Apana Vayu*—the condition reflects a complex Vata-dominant pathophysiology. Classical texts such as the Charaka Samhita advocate the use of Takra (buttermilk) in Grahani management; however, its clinical application remains underutilized. This case report evaluates the therapeutic impact of Takra Prayoga as an adjunct to classical Ayurvedic management. **Methods (Case Presentation & Intervention):** A 42-year-old male IT professional presented with a one-month history of abdominal distension (*Adhmana*), constipation (*Malavastambha*), urinary disturbances, musculoskeletal pain, weight loss, and high psychosocial stress. Diagnosis of Udavarta with Grahani Purvarupa was established based on Ayurvedic clinical assessment. Treatment was administered in two phases: Phase 1 included a combination of herbo-mineral formulations, *Ghrita*, *Guggulu*-based preparations, and external therapies aimed at *Deepana–Pachana*, *Vatanulomana*, and *Brimhana*. In Phase 2, Takra Prayoga (approx. 350-400ml medicated buttermilk with *Saindhava*, *Jiraka*, and *Sunthi*) was introduced as a structured dietary intervention, administered as the evening meal. **Results:** Initial treatment resulted in partial symptomatic relief, with minimal improvement in bloating and bowel irregularity. Following the introduction of Takra, there was rapid and sustained clinical improvement: ~60% reduction in bloating by the second follow-up, complete resolution by the third follow-up, normalization of bowel habits, relief from pain, improved sleep, and progressive weight gain (total +1.5 kg). By the fifth follow-up, the patient reported restoration to pre-illness health status. **Discussion:** The observed outcomes suggest that while pharmacological interventions addressed *Dosha* imbalance and partially improved *Agni*, the addition of Takra provided targeted correction of Grahani dysfunction through its *Deepana*, *Grāhi*, and *Vatanulomana* actions. Its additional roles in microbiome modulation, nutritional support, and stress regulation likely contributed to sustained remission. This case highlights the importance of integrating *Ahara Chikitsa* with *Aushadha Chikitsa* in functional gastrointestinal disorders. **Conclusion:** Takra Prayoga emerged as a pivotal adjunctive therapy, significantly enhancing clinical outcomes beyond pharmacological treatment alone. This case supports classical Ayurvedic principles and underscores the need for broader clinical application and systematic research on Takra in Grahani and Udavarta management.

**Keywords:** Takra Prayoga, Udavarta, Grahani, Ayurveda, buttermilk therapy, stress-induced gastrointestinal disorder, Deepana-Pachana

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## INTRODUCTION

Grahani (intestines) represents one of the most frequently affected organ systems in contemporary populations due to irregular dietary habits, mental stress,

and sedentary occupational patterns. Grahani Purvarup, or the prodromal stage of Grahani Roga, represents incomplete yet significant digestive dysfunction with beginning systemic manifestations. Classically, Acharya Charaka describes Grahani Purvarup as the stage preceding overt Grahani disease, characterized by

incomplete expression of digestive symptoms and variable manifestation across individuals based on Prakriti (constitutional type) and Vikriti (pathological state).[1]

Udavarta, the concurrent pathological process, describes upward movement of Vata dosha (particularly in its Apana location) within the Pakwashaya (colon), resulting in characteristic features: abdominal distension, flatulent movement, and cramping pain without necessarily altering bowel caliber. The coexistence of these two conditions reflects complex Vata-centric pathophysiology with secondary Agni (digestive fire) involvement.

This case is presented because: (a) it demonstrates diagnostic accuracy using purely clinical observation and Ayurvedic assessment tools, without reliance on conventional investigations; (b) it shows sustained therapeutic response across multiple follow-up visits indicating stable remission rather than temporary symptom suppression; and (c) it provides a model for understanding Vata-predominant gastrointestinal pathology in high-stress professional populations.

This case is distinctive in that it incorporates a structured therapeutic dietary intervention alongside classical Ayurvedic pharmacological management. Takra (buttermilk) is regarded as a highly valued therapeutic dietary intervention in Ayurveda. Charaka Samhita describes it as “*Takram Amritam*” (buttermilk is akin to nectar), particularly in the management of Grahani disorders.[2] Its distinct pharmacodynamic attributes—*Kashaya-Amla Rasa*, *Laghu-Ruksha Guna*, *Ushna Virya*, and *Katu Vipaka*—make it especially suitable for addressing the complex pathophysiology of conditions such as Udavarta-Grahani. [3]

Despite strong classical endorsement, the clinical application of Takra (*Takra Prayoga*) remains underutilized in contemporary Ayurvedic practice. Its potential as an effective adjunctive therapeutic modality, particularly in functional gastrointestinal disorders, merits systematic clinical documentation.

This case report outlines a structured Ayurvedic treatment approach in a patient with Udavarta-Grahani and emphasizes the pivotal role of Takra as an adjunctive intervention. Notably, the inclusion of Takra resulted in rapid and significant clinical improvement, exceeding the outcomes achieved with the initial pharmacological regimen alone.

## CASE PRESENTATION

**Table 1: Patient Demographics**

Parameter	Details
Age / Gender	42 years / Male
Education	B.E. Computer Science
Occupation	IT Professional (9 hours/day, 12 hours screen time)
Date of Birth	07/06/1982
Birth Place	Anantnag, Kashmir
Current Residence	Pune, Maharashtra (migrated through Lahore, Haryana, Punjab over 5 years)
Date of Presentation	04/02/2025

## Chief Complaints (Duration: 1 Month)

The patient presented with multiple complaints of one-month duration, including bilateral shoulder pain (*Ubhaya Bahu Shoola*) and persistent constipation (*Malavastambha*). Urinary disturbances were also evident in the form of difficulty in micturition (*Mutrakrichhata*), accompanied by burning sensation during urination (*Mutradaha*), which was notably aggravated following the intake of spicy and hot potency foods (*Katu Rasa Sevana*). The patient reported abdominal distension and discomfort (*Adhmana*), along with a burning sensation during defecation (*Gudadaha*). Additionally, there was marked muscle wasting and generalized weakness, particularly affecting the facial muscles and upper limbs (*Mamsa Kshaya* and *Daurbalya*), along with significant weight loss (*Bhara Kshaya*). The clinical picture was further complicated by elevated psychosocial stress levels. The patient also experienced left-sided body pain characterized by burning and stiffness, resembling *Vama Pada Gridhrasi Vat Shoola*.

## Personal History

**Table 2: Patient's personal history**

Item	Details
Morning (6 AM)	2 glasses lukewarm water
Mala (stool)	Saam mala, flatulence, 3 times/day, unsatisfactory; worsens after intake of food
Sweda (sweat)	12 months excessive; moderate odour
Nidra (sleep)	Disturbed; adequate feeling on waking absent
Swapna (dreams)	Moderate
Screen time	12 hrs/day
Appetite	Diminished
Psychological assessment	Grade 5 anger; irritable temperament

## Diagnosis

Based on the Ashtavidha Pariksha and symptom correlation, the diagnosis was established as: Udavarta / Grahani Purvārūpa (Stress-Induced). The combination of reversed Apana Vayu, Grahani dysfunction, Aama formation, psychological disturbance (Manasik Dosha—Rajas), and lifestyle factors confirmed this diagnosis. The muscle wasting (*Mamsa Kshaya*) and significant weight loss added urgency to the clinical management.

## TREATMENT PROTOCOL

**Table 3: Phase 1: Initial Treatment (04/02/2025 – 08/03/2025)**

#	Medicine Preparation	Dose / Timing	Action
1	Suvarna Sutashekhara Rasa(125mg)+ Vasant kusumakar(125mg)+ panchamrut parpati(60mg)+ Laghumalini Vasanta(125mg)+	Morning & Evening, post-meal	Tridosha-hara, Deepana

	Lakshmi Rasa(125mg)+ Vilas Durva churna(125mg)+ tapyaaadi loha(60mg)	With Dalimaad i ghrut	
7	Vidaryadi Ghrita- 10ml	1 spoons post- meal	Brimhan a, Rasayana
8	Patha churna(125mg)+Dhama sa(125mg)+ sariva(125mg)+ Hinguvachadi churna (125mg)+Koshtha-vata- hara churna(125mg)+ Rasayana Churna(125mg)+Mahay ogaraja Guggulu(250mg)	After lunch and at night With black raisins water(Ma nuka jala)	Anuloma na, Vatanulo mana
6	Chandanbaladi Taila Abhyanga+ pratimarsha nasya(4drops each nostril)	Morning External applicati on	Vata- Pitta shaman, Brimha, Stress relief

Pathyā prescribed: Cessation of causative factors (Hetu-Sevana Bando), Siddhajala (medicated water) upto 3litres daily, and mutton bone broth at 1/7 frequency.

**Phase 2: Addition of Takra Prayoga (from 2nd Follow-up — 08/03/2025)**

At the second follow-up, Takra Prayoga as an adjunct was introduced, which proved to be the pivotal intervention. The Takra preparation used was Kachha Takra (350-400ml) (freshly prepared buttermilk) with addition of Saindhava (rock salt), Jiraka (cumin), and Sunthi (dry ginger) as per classical Grahani-specific formulation described in Charaka Samhita (Chikitsa Sthana 15).

The *Takra Prayoga* protocol involved the preparation of freshly churned buttermilk using curd diluted with water in a 1:4 ratio, followed by removal of the fat content to obtain *Laghu* (light and easily digestible) Takra. The formulation was fortified with *Saindhava Lavana* (rock salt), *Jiraka (Cuminum cyminum)*, and *Sunthi (Zingiber officinale)* to enhance its digestive and therapeutic properties. This medicated Takra was administered as a dietary intervention, specifically prescribed to be consumed as the evening meal (dinner).

**FOLLOW-UP OUTCOMES**

The patient was followed up at regular intervals. The following table summarises the clinical progress at each visit:

**Table 4: Followup and outcomes**

Visit	Date	Clinical Observations
1st Follow- up (Pre- Takra)	15/02/2025	Bloating unchanged; bilateral abdominal pain slightly reduced; bowel frequency increased; left body pain persisted; weight increased by 0.5 kg.

		Treatment continued with dietary modifications (morning meal: 1 serving; dinner: Takra Prayog (350- 400ml).
<b>2nd Follow- up ★ Takra Added</b>	08/03/2025	Takra Prayoga(350-400ml) introduced. Bloating reduced by ~60%; abdominal pain occasional; foot-sole burning reduced; sleep improved; treatment continued with dietary regulation.
3rd Follow- up	31/03/2025	Aadhman (bloating) — COMPLETE RESOLUTION; weight gain 0.5 kg; pain — completely relieved (rare residual pain); after Takra consumption — proper bowel movements; normal daily routine restored. Treatment continued.
4th Follow- up	20/04/2025	Weight gain 1.5 kg; digestion normalised; sleep stabilised; Aadhman — complete resolution.
5th Follow- up	08/07/2025	Patient reported feeling restored to pre-illness health status.

**DISCUSSION**

**Pathophysiological Rationale-** The present case demonstrates a structured, phased Ayurvedic management approach targeting the complex pathophysiology of Grahani associated with Udavarta, wherein *Agnimandya*, *Vata Pratiloma Gati*, and *Dhatu Kshaya* coexist. The treatment strategy was designed to sequentially address these components through a combination of *Deepana–Pachana*, *Vatanulomana*, *Brimhana*, and *Rasayana* interventions, followed by the introduction of a targeted dietary therapy. [4]

This case presents a classic modern-lifestyle Udavarta-Grahani complex, where Apana Vayu obstruction (from sedentary occupation, stress, irregular meals) led to Pratiloma-gati (upward reversal) of Vata. Concurrent Grahani dysfunction, evidenced by Saam Nadi, coated tongue, irregular stool, and Aama signs, further compounded the clinical burden. The 5 kg weight loss over one year reflects progressive Mamsa-Dhatu and Rasa-Dhatu depletion.

The initial pharmacological regimen addressed the Vata-Pitta imbalance, Aama clearance, and Agni restoration. However, the pivotal turning point was the introduction of Takra Prayoga, after which the patient's recovery trajectory showed a dramatic and consistent upward curve.

**Phase 1 (Initial Therapeutic Phase)** focused on correcting impaired digestive metabolism (*Agnimandya*) and regulating vitiated *Vata*. The multidrug formulation comprising herbo-mineral preparations such as *Suvarna Sutashekhara Rasa*, *Vasant Kusumakar Rasa*, *Panchamrut Parpati*, and

others acted synergistically to provide *Tridosha Shamana* with a predominant *Deepana–Pachana* effect. The use of *Dalimadi Ghrita* as an adjuvant further enhanced digestive capacity and supported mucosal healing. Concurrently, *Vidaryadi Ghrita* was administered for its *Brimhana* and *Rasayana* properties, addressing underlying *Dhatu Kshaya* and promoting tissue nourishment.

The combination of churnas and *Mahayogaraja Guggulu*, administered with *Manuka Jala*, specifically targeted *Koshtha Vata* through *Anulomana* and *Vatanulomana*, facilitating bowel regularization and reducing abdominal discomfort. External therapies, including *Chandanbaladi Taila Abhyanga* and *Pratimarsha Nasya*, contributed to systemic *Vata-Pitta Shamana*, neuromuscular relaxation, and stress reduction—an important consideration given the patient’s elevated psychosocial stress. Additionally, *Pathya* measures such as *Hetu Sevana Nivritti*, adequate hydration through *Siddhajala*, and intermittent administration of mutton bone broth supported metabolic correction and nutritional replenishment.

Despite partial symptomatic improvement during this phase—evidenced by mild reduction in abdominal pain and marginal weight gain—the persistence of key symptoms such as *Adhmana* and incomplete bowel normalization indicated that correction of *Grahani Dosh*a remained suboptimal.

**Phase 2 (Introduction of Takra Prayoga)** marked a critical turning point in the management. The addition of *Takra*, prepared as per classical guidelines from the *Charaka Samhita*, introduced a disease-specific dietary intervention with potent *Deepana*, *Grāhi*, and *Vatanulomana* properties. Administered as the evening meal, *Takra* functioned not merely as a supportive diet but as a therapeutic modality directly acting on the *Grahani*. [5]

Following its introduction, there was a rapid and significant clinical response. By the second follow-up, bloating had reduced by approximately 60%, abdominal pain became occasional, and sleep quality improved. By the third follow-up, *Adhmana* showed complete resolution, bowel habits normalized, and pain was almost entirely relieved. Progressive weight gain and restoration of digestive function in subsequent follow-ups further indicated reversal of *Agnimandya* and improvement in *Dhatu Poshana*. By the fifth follow-up, the patient reported a return to pre-morbid health status. This pattern of response suggests that while pharmacological interventions in Phase 1 laid the foundation by partially correcting *Dosha* imbalance and improving metabolic activity, the addition of *Takra* in Phase 2 provided a targeted and sustained correction of *Grahani dysfunction*. The outcomes highlight the importance of integrating *Ahara Chikitsa* with *Aushadha Chikitsa*, particularly in gastrointestinal disorders where dietary factors play a central role.

Overall, the case underscores that *Takra Prayoga*, when administered in a structured and classical manner, can act as a pivotal therapeutic intervention, significantly enhancing clinical outcomes beyond what is achieved with pharmacological treatment alone.

## Pharmacological Basis of Takra in Grahani-Udavarta [6]

- **Deepana–Pachana (Enhancement of Digestive Function):** *Takra*, owing to its *Ushna Virya* and *Katu Vipaka*, stimulates *Jatharagni* and corrects *Agnimandya*, the fundamental pathological factor in *Grahani* and *Udavarta*. The addition of *Jiraka (Cuminum cyminum)* and *Sunthi (Zingiber officinale)* augments enzymatic activity and improves gastrointestinal motility.
- **Grāhi (Intestinal Absorptive and Regulatory Action):** As described in the *Charaka Samhita*, *Takra* functions as a *Grāhi Dravya*, promoting absorption of excess intestinal fluid, enhancing mucosal integrity, and normalizing stool consistency in malabsorptive states.
- **Vātānulomana (Regulation of Vata Dynamics):** The *Kashaya Rasa* and *Laghu–Ruksha Guna* facilitate correction of *Apana Vayu* directionality. This mechanism alleviates *Pratiloma Gati* of *Vata*, thereby reducing symptoms such as abdominal distension (*Adhmana*) and constipation. [7]
- **Kapha–Medas Modulation (Metabolic Regulation):** *Takra* exerts a mild yet effective *Kapha–Medas Shamana* effect, aiding in the reduction of pathological fluid accumulation and metabolic sluggishness without inducing excessive catabolism.
- **Manasika (Neuropsychological) Effects:** Properly prepared *Takra* is considered *Sattvic*, contributing to neuropsychological stability. It may indirectly modulate stress responses, improve sleep patterns, and support emotional regulation in high-stress individuals. [8]
- **Microbiome Modulation (Probiotic Effect):** From a biomedical perspective, *Takra* contains beneficial microbial strains (e.g., *Lactobacillus* spp.) and metabolites such as short-chain fatty acids, which contribute to restoration of gut microbiota balance and improved intestinal function. [9]
- **Nutritional Rehabilitation (Dhatu Poshana):** *Takra* provides easily digestible proteins, calcium, and B-complex vitamins, supporting tissue nourishment in *Mamsa Kshaya*. Its *Laghu* nature ensures assimilation without overburdening impaired digestive capacity. [10]

### Why Takra Was the Turning Point

A comparison of the clinical trajectory before and after *Takra* addition clearly illustrates its pivotal role:

**Table 4: Improvement in symptoms**

Symptom	After Phase 1 (Pre-Takra)	After Takra Addition
<b>Bloating (Aadhman)</b>	Unchanged	60% relief → Complete resolution
<b>Abdominal Pain</b>	Slightly reduced	Completely resolved

<b>Bowel Regularity</b>	Slightly improved	Fully normalised
<b>Sleep Quality</b>	Disturbed	Restored (4th F/U)
<b>Weight</b>	+0.5 kg	+1.5 kg (cumulative gain)
<b>Left-sided body pain</b>	Persistent	Completely relieved
<b>Overall wellbeing</b>	Partial	Pre-illness status restored

## CONCLUSION

This case report documents the remarkable clinical efficacy of Takra Prayoga as a pivotal adjunctive intervention in the Ayurvedic management of Udavarta/Grahani Purvārūpa in a modern lifestyle patient. While the initial multi-drug regimen produced modest improvements, the introduction of Takra — with its classical Deepana-Pachana, Grāhi, Vatanulomana, and Kapha-Medas-Shamaka properties — was associated with complete resolution of bloating, normalisation of bowel function, relief of pain, improvement in sleep, and reversal of the weight loss trend.

Takra Prayoga represents one of the most cost-effective, safe, and physiologically rational interventions available in the Ayurvedic therapeutic arsenal. This case provides clinical evidence supporting Charaka's classical dictum equating Takra to amrita (nectar) in Grahani management. The multi-dimensional pharmacological actions of Takra — digestive stimulation, absorptive correction, microbiome modulation, nutritional rehabilitation, and psychological benefits — explain the breadth of its clinical impact.

We recommend wider integration of Takra Prayoga in clinical protocols for Grahani, Udavarta, and related functional gastrointestinal disorders, and advocate for controlled clinical trials to generate higher-level evidence supporting this ancient therapeutic tradition.

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