



An Ayurvedic Approach to Irritable Bowel Syndrome: A Case Study

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ABSTRACT

Grahani is an Ayurveda term related to the seat of Agni which helps in the metabolism and digestion of food. In the books of Ayurveda it is described that ingestion, digestion, absorption and assimilation of ahara regulated by Grahani, when Agni becomes Manda then improper digestion of consumed food leading to pathological state known as Grahani Roga.

Grahani is disease it afflicts huge population worldwide especially in developing countries and associated with improper food habits along with demanding lifestyle. Pathogenesis of Grahani roga works around Agni which related to impaired digestive function of digestive fire.

Methods: Female aged 52 year visited Government Ayurvedic Medical Hospital with the complaints of pain in abdomen, loose stools after 2-3 hours of consumption of food, yellowish watery stools 3-4 times a day with pain along with burning sensation in epigastric region and sour belching since 8 years. Based on these symptoms her case diagnosed as Grahani, and its line of treatment was implemented here i.e patient was administered with Basti karma.

Results: At the end of treatment, subjective improvement seen in the patient, without any adverse effects. Discussion: Ayurveda defined several treatment modalities for the Management of Grahani roga. This article summarized. Ayurveda perspective of Grahani roga and managed by Ayurveda principles and lifestyle modification.

Key Words: Picchabasti, Irritable bowel syndrome, Basti

INTRODUCTION

Irritable bowel syndrome is an intestinal disorder causes pain in abdomen with frequent diarrhea or constipation. There may also be urgency for bowel movements, a feeling of incomplete evacuation, bloating and people usually have Gastroesophageal reflux. About 10-15% of population in the developed countries are believed to be affected by IBS¹. It is twice as common in female as men and occurs before the age of 45. *Grahani roga* described in text books of Ayurveda represents a collection of disorders of digestive system caused

by impairment of $Agni^{2-4}$ and it is included among $Astamaha\ gadas^5$.

Imbalance of *Agni, Samana vata, pachaka pitta* and *kledaka kapha* are the most prominent factors involved in the pathogenesis of *Grahani roga*. Once the disease manifest, secondary factors such as *Apana vata* and *pranavata* also have significant role in further development of the disease. The prime features of *Grahani* explained in the classics have most resemblances with the clinical features of irritable bowel syndrome explained in modern medicine. The etiopathogenesis of which is still





not clear. It is diagnosed based on the signs and symptom. The contemporary science opines that the treatment is only symptomatic, this includes Dietary modifications, Medication, Probiotics and Counseling.

The general line of treatment for Grahani as per Samhita Charaka includes Sadyovamana (Saamaavastha kaphotklesha), Deepana, Shodhana. Peyadikrama, Basti and Shamanoushadis. The Basti chikitsa is of primary importance among Panchakarma because of its extensive applicability in various conditions with several forms. Basti chikitsa is one of the Shodhana treatment which process evacuatory, nourishing as well as the *Deepana* qualities⁶. Moreover it is excellent of treatment in Grahani $roga^{7,8}$. Thus, the above case study has managed effectively in Ayurveda by undergoing regular Shodhana and following the regimens accordingly. So an efficient Ayurveda treatment that can improve the condition and explore with better treatment.

CASE REPORT

A Female patient aged 52 year old visited Government Ayurvedic medical hospital with the complaints of Pain in abdomen, loose stools after 2-3 hours of consumption of food, she defecates yellowish watery stools 3-4 times a day with pain since 8 years, so she consulted nearby hospital and took treatment. The symptoms got reduced, after 2 years same symptoms re-appeared along with burning sensation in epigastric region and sour belching, again she consulted a doctor and took

treatment they advised for Colonoscopy, but she didn't undergo for colonoscopy, gradually she observed easy fatigue and marked reduction in the body weight from 69 kg to 58 kg, so she came for further advance treatment in Ayurveda.

PERSONAL HISTORY

Diet: Mixed - Katu, Amla rasa Pradhaana ahara sevana, Adyashana and Vishamashana, Appetite: Decreased since 2 years, Sleep: Sound sleep, Micturition: 4-5 Times a day, once at night, Bowel: Loose stools after 2-3 hours of taking food (yellowish watery), Habits: Nothing specific

FAMILY HISTORY

No related history found.

SYSTEMIC EXAMINATION

GIT System: Inspection - Oral cavity - NAD

Abdomen: Shape - Slightly globular

Umbilicus - Inverted

Palpation - Tenderness at Teft hypochondriac region on deep palpation

Percussion - Tympanic note

Auscultation - 4-5 peristaltic sound per minute

DIAGNOSIS

By relevant history, clinical examination, subjective findings were noted, and the case was diagnosed as irritable bowel syndrome, which simulates with the *Lakshanas* of *Vata -Pittaja Grahani* here- *Durbalata*, *Ruja*, *Chirath Dukkha Drava-Pithaba Mala*, *Amlodgara* and *Hruth-Kanta Daha* as explained in *Charaka Samhita*, and treatment was started accordingly.

TREATMENT

- Deepana, Pachana
- Shodhana Chikitsa (Basti)



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• Samana Chikitsa

Table 1 Procedure of Basti Karma

| INTERVENTION | MEDICINES | | | | | | | OBSERVATIONS | | |
|-----------------------|--|----|----|----|----|----|----|-------------------------|-----------------------------|------------------------------|
| PICCHA BASTI | PoorvaKarma: 1) Deepana ,Pachana with Mustadi | | | | | | | Agni deepti, Samyak ama | | |
| (Mocharasa, | choorna 3gm-0-3gm b/f for 2 days | | | | | | | | pachana. | |
| Udumbara,Vata, | 2) Sarvanga abyanga with ksheerabala taila f/b bhashpa | | | | | | | | | |
| Ashwatta, Madhuyasti, | sweda. | | | | | | | | | |
| Madanaphala) | 3) For Anuvasana - laghubhojana and excreting urine, | | | | | | | | | |
| | stool etc | | | | | | | | | |
| | Pradhana karma: Piccha basti was administerd in kala | | | | | | | | | |
| | basti schedule | | | | | | | | | |
| | Makshika : 50ml | | | | | | | | | |
| | Saindhava Lavana : 6gm | | | | | | | | | |
| | Changeryadi grita : 60ml | | | | | | | | | |
| | Kalka of Shatapushpa + Yastimadhu : 20gm | | | | | | | | | |
| | Piccha basti kwatha : 350ml | | | | | | | | | |
| | Total: 486ml | | | | | | | | | |
| | Anuvasana with Changeryadi Gritha: 60ml | | | | | | | | | |
| | 1 2 3 4 5 6 7 8 | | | | | | | | | |
| | A | A | N | A | N | A | N | A | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| | N | A | N | A | N | A | A | A | | |
| | Paschath karma: After Niruha basti pratyagamana, | | | | | | | | After Anuvasana – Sashakrit | |
| | Ushnajala snana and Laghu bhojana advised. | | | | | | | | | Sneha Pratyagamana, |
| | After Anuvasana- Sphiktadana, Mardana of soles and | | | | | | | | | Prasrishta Vega, |
| | palms was done. | | | | | | | | Svaonanuvrutti Observed. | |
| | | | | | | | | | | After Niruha- Prasritha Vit, |
| | | | | | | | | | | Mootra, Vata Agni Deepti, |
| | | | | | | | | | | Koshta Laguta observed |

| | | | | | | line of | treatment | of Grahav | i is, Snehanam |
|--|-------|---------|---------|---------|--------|-------------------|-------------------------------|-----------------------|--------------------------------|
| Table 2 Assessement | of Ai | nuvasan | a Basti | | | mic or | treatment | or Granar | ii 15, Sitemanani |
| CRITERIA | | 1 | 2 | 3 | 4 | s s vedanc | ı 6 huddi: 7 le | angan s am dec | spanam c h a yath |
| Time | of 9 | 9.30 | 9.35 | 9.30 an | n 9.50 | and the | 9.20e is 9.3 | Monted 5here | 9.40 arious toxins |
| administration | 4 | Am | Am | | am | am | Am An | idopted here | ^{9.40} various toxins |
| Time of evacuation | | 11.30 | 11.35 | 12.30 | 1.50 | entering— | the body | through fo | ood, air etc get |
| | 4 | Am | Am | pm | pm | accumul | ated in the | gastro intest | inal tract, as time |
| Retention time | 2 | 2hr | 2hr | 3hr | 4hr | 5hr | 5hr 6hı | 7hr | 7hr 7hr |
| Table 3 Assessment of the Niruha Basti passes these toxins tend to increase and get spread | | | | | | | | | |
| CRITERIA | | | 1 | | 2 | 3 | 4 | 5 | 6 |
| Time of administrat | tion | | 9.30 |) am | 9.35am | 9.30am | 9.40am | 9.30am | 9.40am |
| Time of evacuation | | | 9.3 | 2am | 9 37am | 9.35am | 9.50am | 9.40am | 9.50am |

5min

10min

2min

SHAMANA CHIKITSA

- Shanka vati 1-1-1 A/F
- Changeryadi grita 10ml- 0 -10ml B/F

DISCUSSION

Retention time

Irritable bowel syndrome is not mentioned in Ayurveda directly but when we correlate it here, the symptoms mimick *Vata - pittaja grahani*. The

2min

in all channels of the body causing several diseases. These accumulated toxins in the form of dosha if expelled out in right time can avoid the disease. Patient was given Deepana - Pachana with Mustadi choorna which corrected her Agni and Jarana Shakti was improved which is necessary step for basti karma. Patient was given

10min

10min





Abyanga with ksheerabala Taila f/b bashpa sweda. Piccha basti was administered in kala basti pattern .Treatment procedure is explained in Table no.01. The Ayurveda theory 'Sthanad jahed hi purvam' the place of the lesion should first be managed. Irritable bowel syndrome is a disease of intestine and the basti is also put in the same region so that the drug act directly on the lesions. The drugs in the combination form have appetizer, digestive, anti-spasmodic, anti-microbial, antiulcerogenic properties. The Rasa of the combination is predominantly Kashaya followed by tikta. Piccha guna and sheeta veerya which acts as Pakwashaya shodaka, Vatanulomaka, Vata-pitta shamaka, Raktasrava avarodaka and Vrana ropaka. Acharya Bhavaprakasha has mentioned the properties of Shalmali niryasa as Hima. Grahi. Pitta-rakta dahanuth

Pravahikagna. Resinous extract of Shalmali tree contains Tannin as principal component that is Anti-dysentric, Anti-diarrial and Anti-pyretic effect. Along with it as Gallic acid, It is astringent in property which when coming in contact with intestinal ulcered inflamed mucosa resists the chemical and mechanical injury decreasing local irritation. Anti-oxidant property promotes tissue repair also exibits anti-inflammatory effect. Yastimadhu is Vata-pitta shamaka as well as Shothahara and is an anti-inflammatory drug.9 Grita stimulates Agni, besides possessing properties like *Balya* and *Vranaropaka*. ¹⁰ *Charaka* describes Grita as best Vata-pittashamaka dravya. 11 Retention time of basti is also increased with treatment. The same explained in the Table no.02 and 03.

Table 4 BT AT Comparison

| PARAMETERS | BEFORE TREATMENT | AFTER TREATMENT |
|------------------------------|----------------------------|---------------------------|
| Pain abdomen | Present | Absent |
| Stools | Loose stools after 2-3 hrs | Normal stools twice a day |
| | consumption food | |
| Amlodgara, Hrith- Kanta daha | Present | Slightly reduced |

CONCLUSION

The *Piccha basti* can be used as important treatment in the management of IBS. The patient undergone only Ayurvedic medications which has proven the proper analysis, Before treatment and after treatment assessment is explained in Table No.04. The treatment is based on Ayurvedic principles helped to get good results. This is a single case study which shows that Ayurvedic treatment is helpful in IBS, however huge clinical trial is necessary to conduct it as a standard treatment for IBS. Hence Ayurveda has a wide

scope of research in this regard to come up with new researches with better results.





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