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Capsule Ibomic a Polyherbal Formulation for the Treatment of Irritable Bowel Syndrome Type- D: A Case Series

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ABSTRACT

Irritable bowel syndrome (IBS) is a gastrointestinal disorder in which there is functional derangement of the gastrointestinal tract without any organic cause. IBS is characterized by a group of symptoms such as abdominal pain, discomfort and a change in bowel habits. The presently available treatment modalities include anti diarrheal, antispasmodics and antidepressants with limited benefits. This calls for the need to explore effective treatment modalities. Herbal medicines have proved efficacious in the treatment of gastrointestinal disorders since ancient time. Herewith we report a case series of patients suffering with IBS-D (diarrhea) type treated with Cap Ibomic a proprietary herbal formulation manufactured by Shree Baidyanath Ayurveda Bhavan for the treatment of IBS. We observed that there was a decrease in median scores of the symptoms such as abdominal pain, discomfort, bloating, stress and fatigue. There was a decrease in the mean frequency of motions per day and improvement in symptoms of flatulence and tenesmus. Thus Cap. Ibomic was found effective in the management of patients with IBS-D.

KEYWORDS

Proprietary Formulation, Anti Diarrheal, Anti Spasmodic



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INTRODUCTION

Irritable bowel syndrome (IBS) is a functional bowel disorder in which abdominal pain or discomfort is associated with defecation or a change in bowel habit. Bloating, distension, and disordered defecation are commonly associated features.^[1] IBS affects 5–11% of the population worldwide ^[2] whereas in different Asian nations it varies from 4% to 20%.^[3]

Most studies report that around one third of patients have diarrhea predominant IBS (IBS-D) and one third have constipation predominant IBS (IBS-C), the remainder having a mixed bowel pattern (IBS-M) with both loose and hard stools.^[4]

It is impossible to identify a single agent that acts on all of the mechanisms of action of IBS, due to their complexity of the symptoms. The use of dietary fiber, laxatives, anti diarrheal agents and antispasmodic agents as first-line therapies has been limited by marginal therapeutic benefits, side effects, and even exacerbation of IBS symptoms. Antidepressants although have shown efficacy for improving symptoms and psychological well-being, their use has been limited by side effects and poor acceptance by patients. Modulators of serotonin receptors were withdrawn from

the market due to severe adverse effects. The disappointing results with conventional IBS treatment have given scope for developing newer herbal therapies.^[5]

Herbal drugs and formulations have been reported to be useful to treat various gastrointestinal conditions. Capsule Ibomic is one such proprietary herbal formulation manufactured by Shree Baidyanath Ayurved Bhavan Nagpur, containing aqueous extracts of six herbs viz. Bramhi (*Bacopa monnieri*)- 30mg, Ashwagandha (*Withania somnifera*)-35 mg, Haldi (*Curcuma longa*)- 20 mg, Peppermint (*Mentha piperata*)-20 mg, Amla (*Emblica officinalis*)-20 mg, Green Tea (*Camellia sinensis*)-50 mg and powders of Pomegranate (*Punica granatum*)- 50 mg, Papaya (*Carica papaya*)- 225 mg, Unripe Banana (*Musa sapientum*)- 50 mg. for IBS, specifically IBS-D. All these ingredients are known to have effect on stress and/or GI disturbances.

We report herewith the effect of Capsule Ibomic in patients suffering from IBS-D when given to five patients.

CASE REPORTS:

All five patients who received Capsule Ibomic were in the age group 40 to 65 years, of which three were male and two were female. All of them were diagnosed to have



IBS – D based on the symptoms such as loose stools, abdominal discomfort, pain and bloating. The patients were given Cap. Ibomic in a dose of 2 caps twice a day for a period of 15 days.

The symptoms *viz.* abdominal pain, discomfort, bloating, stress and fatigue were evaluated on Visual Analogue Scale (VAS) of 1 to 5 before the initiation of treatment and after 15 days of treatment. Bowel habits (frequency, consistency) along with associated symptoms, gaseous collection and passage were also recorded at similar time points. Before initiation of the treatment and after completion of the study the weight of the patients were recorded. The details of all these five cases are presented below:

CASE 1:

A 45 year old male businessman reported with on and off abdominal discomfort since 5 years, bloating since 2 to 3 years and abdominal pain after eating spicy food. He visited the hospital with complaints of loose stools for 4 to 5 days. The patient reported history of anxiety neurosis and hyperacidity since 4 years.

CASE 2:

A 43 year old male reported with complaints of loose stools of and on for 3 to 4 days since 20 days. The patient also had

complaints of mild abdominal pain since 3 days associated with flatulence. Patient was a known case of bowel dysfunction on and off since 2 years.

CASE 3:

A 65 year old male with history of Hypertension, an auto-driver by profession reported with complaints of abdominal discomfort and bloating of and on since 1 year. He had painful defecation with loose stools with frequency of 4-5 times /day since one month. He also had a history of Sciatica since 1 year.

CASE 4:

A 41 year old female with history of cholecystectomy 12 years back, reported with complaints of abdominal discomfort and pain in abdomen since 10 days associated with loose stools with frequency of 5-6 times /day since six days. The patient presented with history of these complaints of diarrhea, abdominal pain and discomfort of and on since 2 years. The patient also complained of burning sensation in the stomach along with flatulence. The patient reported the recurrent use of laxatives and antacids for the above complaints.



CASE 5:

A 56 year old hypertensive female reported with complaints of severe pain in lower abdomen since 3 days associated with loose stools with frequency of 5-6 times /day since three days along with loss of appetite, headache and fatigue. The patient had history of abdominal discomfort, pain and episodes of loose stools on and off since 1 year. The patient was a known case of Osteoarthritis of the Knee and Sciatica since 5 years.

RESULTS AND DISCUSSION:

IBS is a functional gastrointestinal (GI) disorder caused by changes in GI

Table 2 Median Score of Symptoms of IBS before and after Treatment

Sr. No	Symptoms	Median score (at baseline)	Median score (after 15 days)
1.	Pain abdomen	4 (3-5)	2 (0-2)
2.	Abdominal discomfort	5 (3-5)	2(1-4)
3.	Bloating	3(2-4)	1(0-2)
4.	Stress	3(2-3)	1
5.	Fatigue	2	1(0-1)

We have also recorded the weight of the patients before and after treatment. However there was no difference seen.

The mainstay of intervention in IBS is symptom specific treatment with antispasmodics, anti diarrhoeal for diarrhoea and supportive therapy with low-dose antidepressants to normalize gastrointestinal motility.^[8] The ingredients of Cap. Ibomic

functioning^[6] and no specific investigations have been mentioned for the diagnosis. The diagnosis and assessment of clinical status depends mainly on the evaluation of IBS signs and symptoms which are reported to be a reliable measure of treatment benefit.^[7]

In the present case series of five patients suffering from IBS-D type the diagnosis and assessment of clinical status was done based on the evaluation of signs and symptoms of IBS recorded before and after treatment. The median scores of the symptoms were found to be decreased after treatment as shown in Table 2.

are a combination of herbs possessing similar properties.

Musa sapientum^[9] *Punica granatum*,^[10]

Camellia sinensis,^[11] *Phyllanthus emblica*^[12]

have been reported to possess anti diarrhoeal activity which might have resulted in the decrease of mean frequency of motion per day from 5 times per day to once a day. Three of the five patients who had liquid stools initially had well formed semi-solid



stools after treatment, whereas two patients with sticky liquid stool had semisolid stools after treatment.

All the patients had tenesmus which was resolved in three patients while the degree of pain decreased in the remaining two. *Phyllanthus emblica*,^[13] *B. monerrei*,^[14] *Mentha piperata*^[15] have the ability to reduce spasms of the intestinal tract mediated possibly through the dual blockade of muscarinic receptors and Ca(2+) channels. *Curcuma longa*¹⁶ extract is also reported to significantly decrease abdominal pain/discomfort in patients with IBS.

Table 1 Duration of Disease Symptoms

Case details	Duration of H/o disease symptoms	Duration of symptoms of present episode
Case 1	5 years	4 to 5 days
Case 2	2 years	3 to 4 days
Case 3	1 year	1 month
Case 4	2 years	10 days
Case 5	1 year	3 days

Stress is another important factor that can stimulate colon spasms in people with IBS^[6] and cause abdominal discomfort. *W. somnifera* and *B. monerrei* have been proven anti-stressor^[17] and anxiolytic effects^[18] respectively. *Musa sapientum* contains tryptophan, which the body converts into serotonin which is known to relax the mind and improve mood.^[19] The median score of stress levels in the patients were reduced (Table 1) which might have perhaps added to decrease in abdominal discomfort as well.

Three patients with persistent flatulence, reported on and off symptoms after treatment while in the remaining two patients with on and off symptoms, flatulence was resolved.

All the patients complained of troublesome passage of gases. In three patients the symptoms were resolved while in two of them the degree of severity was reduced. *Mentha piperata* helps to reduce the fermentation of food and maintains a balance between oral and intestinal microorganisms' thereby preventing flatulence.^[15]

Carica papaya acts as digestive, carminative and stomachic, in dysentery and chronic diarrhoea^[20] which might further decrease the frequency of episodes. *Camellia sinensis* strengthens the immune system by protecting against oxidants and radicals, which may provide added benefit.^[11]

The synergistic effect of the anti diarrhoeal, antispasmodic, anxiolytic and digestive properties of the ingredients might have been responsible for improvement in the



score of the symptoms in the patients suffering from IBS-D.

However, the present investigation was a case study in five patients of IBS-D and performed to gather a preliminary report on efficacy of Cap. Ibomic. Further well planned study may be conducted to support the present findings.



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