

An Ayurvedic Management of Irritable Bowel Syndrome: A Case Report

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ABSTRACT : Irritable bowel syndrome is a gastro intestinal disorder characterized by altered bowel habits and abdominal pain in the absence of any structural abnormalities. Syndrome means set of symptoms or conditions that occur together and suggest the presence of certain disease. IBS is characterized by constipation alternating with diarrhea along with certain GI and other systemic illness. From Ayurvedic perspective, these symptoms are seen in Grahani roga. Muhurbaddha Muhurdrava mala pravrutti, shleshma sansrushta varcha, krutamapi akruta sanjya, gruddhi sarva rasanam, hrullasa, arocaka, karshya dourbalya are the features of Vata Kaphaja Grahani roga which were noticed in the patient. Piccha basti along with certain Shamana aushadhis were administered as the main line of management of grahani.

Key words: Grahani roga, Gastro-intestinal disorder, Agni, Piccha basti.

I. INTRODUCTION :

Irritable bowel syndrome is a gastro intestinal disorder characterized by altered bowel habits and abdominal pain in the absence of any detectable structural abnormalities.. Patients are classified according to their predominant stool pattern as IBS with Diarrhoea or IBS with Constipation and Mixed stool IBS in which Diarrhoea alternates with Constipation. Commonly in patients with IBS the symptoms exacerbate on increased emotional stress, protein diet, spicy food items etc. Abnormal gut motor sensory and motor activity like increased rectosigmoidal motor activity for 3 hours after having meals, Central Neural Dysregulation causing increased activity of Mid Cingulate Cortex and Pre Frontal Cortex leading to visceral hypersensitivity leading to visceral pain, mild increase in lymphocytes, mast cells, and proinflammatory cytokines indicating low grade mucosal inflammation and visceral hypersensitivity, overgrowth of gut flora contribute in the pathogenesis of IBS.

In ayurvedic perspective, Grahani is that avayava which is agni adhishtana and does dharana of apakwa anna and makes it pakwa and the anna that is pakwa is pushed towards the parshwa. According to Acharya Bhela Agni is the Moola of Prana and ayshya. There are 2 terms Grahani Dosha and Grahani Roga. Grahani dosha means the symptoms caused by the doshas which reside in grahani, meaning, if there is prakopa of pitta due to pittaja nidana like eating vidagdhaha ahara or doing nidana which cause vidagdhadata of ahara like atibhojana, asatmya bhojana, adhyashana etc then it is called Swatantra Dosha Prakopa. Paratantra dosha prakopa caused due to reasons like vegadharana, desha, kala, rtu vaishmya, or karshana due to atiyoga of panchakarma or vyadhi causing agnimandya to an extent where the laghu anna also cannot be digested by agni. This apakwa anna undergoes shukratwa(alkalinity) and is termed as Ama. This kind of Ama is described as visha which is ashukari and mahaghora and difficult to treat. Due to these reasons If there are symptoms like agniandhya, ajeerna are caused due to Grahani Ashrita Dosha or the dysfunctioning of grahanirupa nadi then it is to be considered as Grahani roga, which are of 4 types i.e Vataja, Pittaja, Kaphaja and Sannipataja Grahani rogas. Where as Grahani Gada is defined as

II. MATERIALS AND METHODS:

Case report: A 30 year old male patient started with complaints of irregular bowel habits 14 yaers ago. He had episodic constipation for a few days followed by loose stools mixed with mucous for another few days i.e for 6-7 times per day. Abdominal distension, pain along with cramps in lower abdomen specially on eating spicy or sour foods, headache. Then he consulted local doctors for the same but did not find much relief. Eventually he developed symptoms like increased frequency of stools (7-9 times/day), tenesmus, undigested food materials in stools , pulling type of

pain in muscles and eyes, generalised weakness, reduced sleep, loss of weight 9-12 kgs in a span of 4 years, reduced appetite, running nose and aversion towards food was noted in the patient.

Family history: The patient has a twin brother who is suffering with the same complaints.

General and systemic examination: Temp-98.8⁰F, BO-130/70, PR-68bpm, CVS- normal cardiac rhythm, CNS- conscious and well oriented, RS- Normal vesicular breathing, Sensory motor functions – intact, P/A- Non tender, increased peristaltic movements, no organomegaly noted, P/R- normal mucosa noted no inflammatory changes, or hemorrhoids observed.

Ashtasthana pariksha: Nadi- vata pitta, Mala- Ama and drava mala pravritti, picchilia, Mootra-

normal, Jivha- not coated, Akriti- leena , Agni- Mandagni, Koshta – Mridu, Dosha- vata pitta, Dushya- Rasa, Rakta, Grahani, Bala- Avara, Prakriti- vata pitta, Desha-anupa , Vaya- madhyama.

Relevant investigations: Haemogram , ESR,RBS, LFT,RFT, HbSAG, Vit B12, Vit D.

Diagnostic criteria: All the reports were thoroughly viewed and the case was diagnosed according to the symptoms presented by the patient.

Treatment protocol: The patient was planned Piccha basti as the main line of treatment as mentioned in Grahani roga along with snehana therapy to counteract the Vata vrudhhi due to basti.

DATE	SHODHANA	SHAMANA AUSHADHA {Adv during discharge}
11/7/2020 TO 18/7/2020	Piccha basti Taladharana with vacha	Madhukasava 15 ml Tid Pittashekhara rasa 1 Tid
4/01/2021 TO 11/1/2021	Piccha basti Abhyanga	Madhukasava 15 ml Tid Pittashekhara rasa 1 Tid Kutaja parpati 1 Tid
30/6/2021 TO 8/7/2021	Piccha basti Abhyanga	Kutaja parpati 1 Tid Grahanikapata rasa 1 Tid
5/4/2021 TO 13/4/2021	Piccha basti Abhyanga Tailadhara	Madhukasava 15 ml Tid Pittashekhara rasa 1 Tid Dhatri loha 1 Tid Bramhi vati 1 Tid
23/3/2022 TO 1/4/2022	Piccha basti Abhyanga	Grahanikapata rasa 1 Tid Changeri ghrita 10 ml BD Choushashta prahara pippali 1 Tid Nripativallabha rasa 1 Tid Ativisha choorna prayoga 1 Tsf Bd

Method of preparation of basti :

Makshika -80 ml

Lavana -5 gms

Sneha- 120 ml Jatyadi taila

Yastimadhu kalka - 40 grams

Kwatha- 250 ml of Arjuna, ashwatha, udumbara , sheshmataka, kutaja, shalmali, yastimadhu-250gms+ Milk-500 ml+ water- 2 litre reduced to 240 ml.

Pathya apathya: Advised to patient. vishamashana, bahuashana and alpashana is to be avoided.

III. RESULTS AND OBSERVATION :

After 7 days of panchakarma treatment, patient was prescribed certain medications for a stipulated period of time and was asked to follow up regularly. When the patient came for the 1st follow up the frequency of stols was slightly reduced. When he came for the next follow up the patient was assessed and advised shodhana for another phase ad this was continued for 5 more phases and the patient found significant relief.

Subjective criteria of improvement after treatment :

Sr.no	Clinical features	Before treatment	After 6 times shodhana	Improvement
1.	Muhurbaddha muhurdrava mala pravrutti	+++	+	Excellent
2.	Abdominal cramps	+++	+	Excellent
3.	Mucous mixed stools	+++	++	Moderate
4.	Dourbalya	+++	+	Excellent
5.	Manasa sada	+++	-	Excellent
6.	Running nose	+++	+	Excellent
7.	Pulling pain in hands and legs	++	-	Excellent
8.	Undigested food materials in stools	+++	+	Excellent
9.	Aversion towards food	++	+	Excellent
10.	Loss of weight	+++	++	Moderate
11.	Headache	+++	+	Excellent

IV. DISCUSSION :

According to all the diagnostic features It was clear that jatharagni mandhya, dhathwagni mandhya and amadosha were present. Apana, samana and vyana vata along with kledaka kapha and pachaka pitta involvement was seen. Purishavaha, rasavaha, mamsavaha srotas involvement was noted. The main goal of treatment was to correct the Sama doshas first and then normalize the uttarottara dhatu poshana. Piccha basti which contains panchavalkala is kashaya rasa is sangrahi and vrana ropaka and thus can counteracts kaphaa and jatyadi taila to counter vata dosha. Deepana and pachana was done with katu and tikta rasa dravyas given for agnisandukshana and amapachana was done. To achieve this madhukasava and pittashekhara rasa were used. Madhukasava mainly contains madhuka pushpa which is madhura sheetala and guru is balya, brumhaniya and shukrakara, chitraka which is a rasayana is agnideepaka, medhakara, grahi and vata kapha hara, vidanga which is shula, admana, shleshma and vibandhanut and bhallataka which is medhya, kapha vatahara.

Kutaja parpati contains kutaja choorna which is sangrahi, deepana, pachana, shulahara, musta tikta rasa and sangrahi medhya and vataghna and shankha bhasma which is katu, laghu, ruksha but madhura vipaka does vatapitta shamana has

anti-diarrhoeal and anti-spasmodic activity. Acharya charaka has mentioned that in krusha patients sakrud ruksham and sakrud snigdha because if only rukshana karma is done then it causes balahani in krusha but if only snehana is done then it causes kapha vrudhi leading to amadosha formation . Prayoga of Sneha should be in patients having durbalata (vyadhi karshita) and agnimandhya. Here Acharya Chakrapani mentions that agnimandhya refers to apakwa purisha i.e patient complained of undigested food materials in the stools thus sneha prayoga should be done. But if the patient complaints of sneha apakwa pureesha meaning steatrrhoea then sneha prayoga is nishiddha. But, atisnehana can again cause mandagni which can be managed by choorna or asavarishta prayoga . Thus Changeri ghrita was given in a later stage of disease it contains nagara, pippali mula, chitraka, bilva, patha, yavani, and changeri swarasa and is a kapha vatahara medicine and can prevent guda bhrmsha. It is indicated in grahani, pravahika and anaha. Nripativallabha rasa contains kajjali, loha bhasma, tamra bhasma, abhraka bhasma, maricha and aja dugdha and amalaki swarasa as bavana dravyas . Vishamashana, bahuashana and alphashana is to be avoided as it can cause ghora vyadhi or mrutyu.

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