



AYURVEDIC & CONTEMPORARY PERSPECTIVE OF IRRITABLE BOWEL SYNDROME – CONCEPTUAL STUDY

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ABSTRACT

Irritable bowel syndrome (IBS), often known as irritable colon, is a prevalent reason for visits to general practitioners or gastroenterologists. People with IBS experience a lot of distress. This functional, idiopathic gastrointestinal condition is characterized by abdominal pain and unusual bowel habits, such as constipation, diarrhea, and alternating diarrhea and constipation. IBS continues to be a significant health issue for people around the world who are working age. IBS is the functional GIT condition that accounts for most outpatient visits to gastroenterology clinics. IBS therapies or precise diagnostic signs still need to be improved. The fundamental cause of IBS is still unknown, and it is still very challenging to cure. The sickness is frustrating for the patient and the clinician because of the patient's poor quality of life. There is a solid theoretical basis for Ayurveda regarding the causes of IBS. IBS is known as *grahani* in Ayurveda, which refers to the ability of the small intestine or duodenum to remain intact. The condition is referred to as *graham* if the function of these organs is affected or if the gut loses control and becomes less effective at absorbing nutrients. It can be effectively managed through diet, manner of life, and stress management.

Keywords: irritable bowel syndrome, graham, Ayurveda

INTRODUCTION

In the absence of a structural gut problem, irritable bowel syndrome (IBS) is characterized by recurring stomach pain coupled with inappropriate feces. However, IBS is the most frequent reason for gastrointestinal referral, which also explains why people miss work frequently and have a lower quality of life.¹ IBS is a condition that typically affects young patients under 45. Women have symptoms 2-3 times more frequently than males.² IBS is a disease that manifests primarily due to faulty *Agni & Doshadusti*, according to Ayurveda. IBS alters the natural *Vata Dosha and Agni* functional dependence. *Apana Vayu* helps *Purishvahasrotas* in performing the majority of their duties. So, the *Dusti* is at the *Apana Vayu* and *Samana Vayu* levels. The primary cause of IBS is *Mansik Bhavas*, which hinder *Agni*, and *Rasavaha srotas*, *Ahara Viharas*, which result in *Vatakopa*. When examining the symptoms and signs of *Grahani*, IBS comes to mind. Due to *Dushit Jathragni*, there needs proper food digestion in *Grahani Roga*.³ Undigested food forms a vitiated material called "Ama," which is responsible for producing various disorders. It disturbs the GI tract's normal flora and weakens its muscles and acid fluid configuration.⁴ So, Prasad Bhaga of food is not formed correctly, so nourishment of the body does not occur. In today's practice, one can come across a good number of patients suffering from complaints related to G.I.T. These complaints vary from loss of appetite to chronic abdominal pain, irregular bowel habits, incomplete evacuation, chronic flatulence, constipation, diarrhea, failure to thrive, etc. The malfunctioning of *Agni* and *Vata Dosha*, together with a considerable contribution of the mind to the physiological function of the digestive system, are the key components that contribute to most digestive disorders. The failure of *Agni* and *Vata Dosha*, as well as a considerable contribution of the mind to the physiological function of the digestive system, are the key elements that contribute to most digestive disorders. *Basti* is one of the *Panchakarma* procedures that is particularly recommended for treating *Vata Dosha* and colon cancer. Treatment will not be

effective Without considering the patient's psychological needs.

MATERIAL & METHODS Material related to IBS and *Grahani* is collected from the book of Ayurveda, commentaries, and modern medicine, respectively. The index and non-index medical journals have also collected relevant topic information.

CONCEPTUAL STUDY

IBS

IBS is a persistent gastrointestinal functional condition. Patients report experiencing stomach pain and abnormal bowel habits, primarily with constipation (IBS-C), diarrhea (IBS-D), or both (IBS-M). IBS is diagnosed clinically because there hasn't been a conclusive investigation, and no biomarker has been discovered. The earliest accounts of IBS date from the 19th and 20th centuries.⁴ Until recently, a diagnosis was only made by ruling out any inflammatory, infectious, or malignant diseases following a thorough study and "extensive unsuccessful surgeries." IBS continued to be "frequently misdiagnosed and poorly understood" throughout the 1970s, and the issue of ineffective or unneeded surgery persisted. Ayurveda referred to the illness known as "*Grahani*." The majority of IBS symptoms are similar to this *grahani's* symptom. *Agni's* seat is known as *Grahani*, and it got its name because it supported the food. Typically, it holds the food until it is digested and then releases it from the side. However, when it becomes disordered because of a weak digestive fire, it removes the consumed material even though it is still unripe.

Prevalence rate

It is estimated that up to 30% of people may have experienced it at some point. Between 60 and 80 percent of IBS patients are female. Researchers don't know why this is the case, but they speculate that the fluctuating hormone levels of the female menstrual cycle may be a factor. IBS can affect people of any age, but people in their teens through their forties are more prone to develop it. IBS affects many adults. Nevertheless, less than half of individuals with symptoms go to the doctor. IBS is an illness that affects

people everywhere and has a similar prevalence rate in industrialized and developing nations.⁶

Ayurveda view

The most typical digestive condition is "*Grahani Roga*." The hypofunction of *Agni*, or *Mandagni*, is the underlying cause of all illnesses. Due to several etiological causes of *Grahani Roga*, the *Grahani* becomes damaged due to Dusti or Vitiation of *Pachakagni* and *Samana Vayu*. According to Acharya Charaka, a functionally weak *Agni*, or *Mandagni*, creates improper digestion of ingested food, which moves either in *Urdhva* or *Adhomarga*.⁷ It causes *Grahani Gada* if it moves to *Adhomarga*. According to Acharya Sushruta, individuals with *Atisara* who consume an imbalanced diet during the *Agnimandya* stage may have *Grahani Roga*.⁸

Aetiology of irritable bowel syndrome⁹

- *Virudha-ahara* (Incompatible diet)
- *Abhojanat*, *Ajeernabhojanat*, *Attibhojanaat*, *Visamasanat*, *Asatmya Guru*, *Ruksa* and *Sandusta Bhojanat* etc.
- *Vyadhikarshanat* and *Vegavidharana*
- Unhygienic environmental condition
- Nutritional insufficiency
- Contagious predominance
- Stress, anxiety, and grief
- In disciplinary lifestyle and bad food habits
- Improper functioning of digestive fire
- A diseased condition which weakened *Agni*

Purvarupa¹⁰ *Aalasya* (inaction), *Trishna* (excessive thirst), *Anna Vidaha* (burning sensation), *Chirapaka* (delayed digestion), *Kayagaurava* (heaviness in the body).

Rupa⁹ *Ati Srushta mala pravritti*, *vibbadha mala pravritti* (Occasional hard and soft stool), *Arochaka*, *Vairashya* (altered in tongue), *praseka* (nausea), *Tamaka*, *Shunapadkara*, *Asthiparvaruka*, *chhardana* (vomiting), *Jwara* (fever), *Lohanugandhi Udgara*.

Samprapti

- *Dosa* :- *Sannipataja* (*Vathadhikya*)
- *Dusya*:- *Rasa*
- *Agni*:- *Jatharagni*
- *Srotodusti* :- *Atipravritti/Sanga*
- *Srotas*:- *Purishvahasrotas*

➤ *Utthavasthana*:- *Pakvasaya*.

Contemporary View

IBS is a functional condition because no structural, biochemical, or viral etiology has been identified. There is unquestionably a problem with the GI tract's muscular and sensory processes. Non-cardiac chest pain and non-ulcer dyspepsia are two additional useful GI illnesses.¹²

Aetiology

- Although stress is frequently regarded as a significant component, there is no evidence that it causes IBS directly. Stress is likely to cause an IBS flare-up. More than half of IBS patients who seek medical attention also struggle with somatization or underlying anxiety. People who refuse medical care are psychologically comparable to ordinary people.¹³
- Abnormal myoelectrical activities have formed in the colon and small intestines. Patients with constipation-predominant symptoms and those with diarrhea-predominant symptoms are observed to differ.
- □According to one study, IBS sufferers frequently had a lower threshold for visceral discomfort than control group participants, reporting abdominal pain at lower colonic gas insufflation or balloon inflation volumes. Even though numerous patients express bloating and distention, their absolute gas Although many patients report bloating and distention their gas volume is appropriate in complete terms. Despite having a small volume of rectal stools, many individuals suffer rectal urgencies.¹⁴
- The likelihood of developing IBS post-infection is higher in women and patients who are experiencing more life pressures at the time of the onset of bacterial gastroenteritis. Intestinal mucosa, submucosa, and muscle layers may all include inflammatory cells.¹⁵

Signs and Symptoms

The entire abdominal region, specifically the lower abdominal region, experiences cramp-like, intermittent abdominal pain. A change in bowel habits frequently accompanies the beginning of discomfort,

typically eased by feces. It doesn't happen while you're asleep. Patients may get-

- Constipation predominant type (infrequent bowel movement less than three times per week, a hard lump stool with straining)
- Severe diarrhea is the predominant type (frequent and loose stool more than three times per day, and mucous is frequently seen)
- Constipation-diarrhea alternation type.

DISCUSSION

Agni and a specific manner of life are linked to the *Annavaha srotas* disease known as *Grahani*. *Pitta* and *Agni* have several qualities. *Pittadhara Kala*, which is halfway between *Amashaya* and *Pakwashaya*, is regarded by Sushrut Acharya as belonging to the *Grahani* region. Because of its capacity to retain (grant) the downward movement of food, he referred to *Grahani* as the seat of pancake *pitta* and the location of *agni*. It is positioned above the *nabhi* and supported and fed by the power of the *agni*. *Adharadheya* bhava exists because of the reciprocal and interdependent link between *Grahani* and *Agni*.¹⁶ Regular *vata* and *Agni's* functional interaction is severely hampered. IBS is related to *Grahani roga*, an Ayurvedic drug. According to Sushrut Acharya, *Pittadhara Kala* is the *Grahani*, or seat, of *Pachaka Pitta*, which receives and retains nutritional components. It might be argued that vitiation in *medha* (psychological function) causes *Grahani roga* because it causes vitiation in *medha* (psychological function). Psychological factors may contribute to the emergence of IBS. The outcome is dyspepsia from an ingestible meal.

CONCLUSION

IBS still poses a severe health risk to people of working age globally. Regarding the origins of IBS, ayurveda has a solid theoretical foundation. IBS is a condition known as *Agnimandyajanya vikara* in Ayurveda. Together with the relationship of *Pitta* and *Kapha Dosha*, *Vata Dosha* is the main *Dosha* involved in its etiology. It involves the *Atipravritti* and *Sanga* types of *Srotodusti*. *Rasa dusyas* are present. *Purishava-*

hasrotas are the *srotas* at issue. The patient should be encouraged to adopt a healthy eating plan to take the best possible care of their health.

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