



Case Report

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**MANAGEMENT OF IRRITABLE BOWEL SYNDROME W.S.R. TO GRAHANI: A  
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**ABSTRACT**

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities. No clear diagnostic markers exist for IBS; thus, the diagnosis of the disorder is based on clinical presentation. Throughout the world, about 10-20% of adults and adolescents have symptoms consistent with IBS, and most studies show a female predominance. IBS symptoms tend to come and go over time and often overlap with other functional disorders such as fibromyalgia, headache, backache, and genitourinary symptoms. The severity of symptoms varies and can significantly impair quality of life, resulting in high health care costs. Advances in basic, mechanistic, and clinical investigations have improved our understanding of this disorder and its physiologic and psychosocial determinants. Altered gastrointestinal (GI) motility, visceral hyperalgesia, disturbance of brain-gut interaction, abnormal central processing, autonomic and hormonal events, genetic and environmental factors, and psychosocial disturbances.<sup>[1]</sup>

Irritable bowel syndrome (IBS) is a gastrointestinal disorder characterized by altered bowel habits and abdominal pain in the absence of detectable structural abnormalities. The pathogenesis of IBS is poorly understood, although roles for abnormal gut motor and sensory activity, central neural dysfunction, psychological disturbances, stress, and luminal factors have been proposed.

In Ayurveda, IBS can be correlated to *Grahani Roga* due to similarity in their clinical presentation. In this case, an effort was made to treat a 25-year-old male patient having symptoms of *Muhurbaddha Muhurshithil* (episode of constipated and loose stools). *Apakwa Malapravritti* (Stool with mucus), *Udarshool* (abdominal pain), Sleep-

lessness (*Anidra*). The patient was treated with oral medications. At the end of 60 days of treatment, the patient got significant improvement in an episode of constipated and loose stools (75%), distension abdomen (75%), Sleeplessness (100%) anorexia (100%) and stool with mucus (100%).

**Keywords:** Irritable bowel syndrome, stress, *Grahani*, Brain-Gut syndrome,

## INTRODUCTION

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by chronic, relapsing abdominal pain, bloating, and changes in bowel habits in the absence of detectable structural abnormalities.<sup>[1]</sup> Despite very real symptoms, the gross and microscopic evaluation is normal in most IBS patients. Thus, the diagnosis depends on clinical symptoms and functional testing. It should be recognized that IBS is a syndrome and that multiple illnesses are represented under this global descriptor. The pathogenesis of IBS remains poorly defined, although there is an interplay between psychological stressors, diet, perturbation of the gut micro biome, increased enteric sensory responses to gastrointestinal stimuli, and abnormal GI motility. For example, patients with constipation-predominant or diarrhoea-predominant IBS tend to have decreased or increased colonic contractions and transit rates, respectively.<sup>[2]</sup> *Ayurveda* considers that the dysfunction of *Agni* is responsible for indigestion which is responsible for various functional and structural defects in the gastro-intestinal tract. By taking a look at the sign and symptoms of *Grahani*, somehow it resembles IBS. In *Grahani Roga*, due to *Dusit Jatharagni*, the digestion of food Case Presentation does not occur properly. Undigested food forms a vitiated material called "*Ama*" which is responsible for producing various disorders.<sup>[3]</sup> It disturbs the normal flora of the GI tract and weakens the muscles and acid fluid configuration of the GI tract. Irritable bowel syndrome (IBS) is one of the commonest conditions seen in gastroenterological practice. It is characterized by recurrent chronic abdominal pain and discomfort associated with disordered bowel habits. The bowel habit can vary between constipation and diarrhoea, often with disordered defecation and associated bloating.

**Anxiety, depression, and somatization**

There is an increasing excess of atrocious and hypochondriacally individuals in the IBS populations as one moves up the referral pyramid, from the community setting through primary care to secondary and even tertiary care. The proportion of patients with an overt psychiatric diagnosis peaks in tertiary care, with a lifetime incidence of a psychiatric diagnosis as high as 60% compared with 2% in community samples of IBS and 1% of normal controls<sup>[4]</sup>. An enrichment of anxious patients in secondary care is guaranteed by the referral process those that are not reassured in primary care are likely to insist on a referral to secondary care, thereby increasing the proportion of anxious individuals.

### **Method and material:**

#### **Case study:**

A 25-year-old male patient, case diagnosed with irritable bowel syndrome visited *Kayachikitsa* OPD (opd reg.no 3936), Government Ayurvedic College.Patna-03, having complaints of an episode of constipated and loose stools (*Muhurbaddha Muhurshithil*)

*Malapravritti*, abdominal pain (*Udarshool*), stool with mucus (*Apakwa Malapravritti*), Anorexia (*Aruchi*), Sleeplessness (*Anidra*) heaviness in the abdomen (*Udaragourava*), fatigue (*Alasya*), and indigestion (*Ajeerna*) for 2 years. These symptoms resemble the *Grahani*

#### **Past history of the patient**

The patient used antacid and antispasmodic drugs unevenly. His family history revealed that there was no such complaint ever.

#### **Treatment:**

1. Hingvastaka churn -3gm×BD, Lavanbhaskar churn -2gm×BD
2. Chitarkadi Vati - 2×2
3. Cap Jyotismati- 2×2
4. Arogyavardhini Vati -2×2

5. Kutajarishta - 20 ml + 20 ml water
6. Panchaamrit Parpati - 250mg
7. At Bedtime  
Sarpagandha Ghan Vati 2x1, Anupana- Mansayadi kadha-20ml + 20 ml water

#### **OBSERVATIONS AND RESULTS: -**

The follow-up was made on the 16th day, 30th day, and 60th day. During this period patient did not develop any other complaints. After the 60th day of blood, investigations are carried out it shows the following results, Le. ESR 8mm, Hb%- 15.4 gm. %. The patient reported gradual improvement in altered bowel habits, stool with mucus, pain in the abdomen, anorexia, indigestion, heaviness in the abdomen. After treatment patient got significant relief and he gained weight up to 6kg. (Before treatment patient's weight was 48kg and after treatment, it became 54kg).

#### **DISCUSSION**

Hingvastak churn: shunti, Pippali, Marich, ajmoda, sandaiv lavan, Hingu; it acts as *Agni deepan*; hence it is useful in abdominal distention.<sup>[5]</sup> Chitarkadi Vati: Chitrak, Pipallimula, 5Lavan, Sunth, Marich; acts as *Ama pachana* as well as *Agni deepan*, and also act as an antioxidant, hence it plays the main role in *Grahani Vikara*.<sup>[6]</sup> Arogyavardhini Vati: Kutaki, Triphala, Shillajeet, Chitrak mool, Abhrak Bhasma, Gandhak, Parada; Kutaki has *lekhana*, *bhedan* properties so it reduces mucus in stool and also acts as liver protective. Triphala acts as an antioxidant and is also used in *mrudu Virechana*. Shillajeet, Chitrak mool both play role in *Agni deepan* and *pachana* and also act as an antioxidant. Abhrak, Gandhak, Parada act as intestine reinforcement. Kutajarishta: it reduces intestinal motility as well as due to *kasay* property it helps in dysentery by reducing the inflammation of the intestine; due to *grahi* property it helps in control water loss.<sup>[7]</sup> Panchaamrit Parpati: Abhrak- supports the stomach and intestine function leading to improved digestion and absorption, *lauha Bhasma* inhibits bacterial growth, *sudh Gandhak*- improves bowl move-

ments and helps in softening of stools. Sarpagandha-ghan Vati+ Anupana- (Mansayadi Kwath): it improves sleeplessness due to having *jatamansi* drug which play role in the *nidraajan* effect.

#### **CONCLUSION**

On the basis of this study, it can be concluded that Hingvastak churn, Chitarkadi Vati, Arogyavardhini Vati, Cap Jyotismati, Kutajarishta, Panchaamrit Parpati, Sarpagandhagan Vati, Mansayadi Kadha are found to be effective in relieving symptoms like *Muhurbaddha Muhurshithil mala* (Alternate constipated and loose bowel), distention of the abdomen, Sleeplessness (*Anidra*), stool with mucus in IBS. There was no adverse drug procedure reaction seen during the period of study. Further studies should be carried out with a larger sample size in different places with a standard control drug in order to obtain more valid data on the effect of this treatment in the management of IBS. The overall effect of therapies showed marked improvement in signs and symptoms of *Grahani Roga*.

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