

AYURVEDIC CLINICAL MANAGEMENT OF IRRITABLE BOWEL SYNDROME – A CASE REPORT

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Published online: 16 November 2016

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INTRODUCTION

Irritable Bowel Syndrome (IBS) is a disease of young or middle aged adults; female/male ratio is 2:1. The diagnostic clinical feature of IBS is the altered bowel habit with a history of chronic constipation or diarrhea or both¹. Abdominal pain occurs during attacks and is relieved by defecation and sometimes provoked by food. Pellet-like or Ribbon like stools with or without mucus is seen in IBS². Despite very real symptoms, the gross and microscopic evaluation is normal in most IBS patients. The pathogenesis of IBS remains poorly defined although there is clearly interplay between psychological stressors, diet and abnormal Gastro intestinal motility. Many patients also report fibromyalgia or other chronic pain disorders, backache, headache, urinary symptoms, dyspareunia, lethargy and depression³. A number of therapeutic approaches including the avoidance of food which tends to upset the patients, addition of bulk forming agents, judicious use of antispasmodics, tranquilizers and psychotherapy may provide some degree of relief⁴.

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In Ayurveda “*Grahani*” can be correlated to IBS as there is an altered bowel pattern in *Grahani* i.e. the patient passes loose stools or constipated stools frequently. *Grahani roga* is due to weak *jatharagni*⁵. Even though there is *tridoshic* involvement in *grahani* and the associated symptoms vary according to *doshic* predominance, the cardinal feature of *grahani* is always the same i.e. frequent stools with altered bowel pattern. The patients at time passes constipated stools and at time loose stools.

Many patients of IBS opt for Ayurvedic management when they are not relieved by other systems of medicine. As IBS is a highly distressed condition an effective treatment is the need of the hour. Ayurveda promises a satisfactory treatment in a more natural way when the patient loses hope with his suffering.

CASE DESCRIPTION

A 60 year old female patient visited our clinic on 12.01.2016 with complaints of abdominal pain followed by mucus stools with altered bowel pattern more of diarrhoea type for the past six months i.e. since May 2015. The abdominal pain is relieved by defecation but there is a sense of incomplete emptying of rectum. Abdominal distension is present with audible intestinal sounds and dyspepsia. These

symptoms were insidious in their onset and were progressive and recurrent in nature. Patient also had generalized chronic pains, low back ache, headache, feverish sensation and weakness. Patient had given a history of renal calculus also. Patient is a non-hypertensive and a non diabetic. Patient was on allopathic treatment for above complaints but did not get any sustained relief. On examination patient appeared to be anxious and depressed. No abdominal abnormalities were detected. The patient gave a history of abdominal pain during the attack. No symptoms pertaining to renal calculus were present.

Routine hematological and biochemical reports were normal. Ultra sound abdomen reported renal calculi. Colonoscopy was done to rule out any organic pathology and it was normal.

DIAGNOSIS

The diagnosis was made based on the cardinal clinical feature of altered bowel pattern with abdominal pain and frequency of stools more of diarrhea type. Ayurvedic diagnosis of *Grahani* was made and *samana chikitsa* was started to the patient.

INTERNAL MEDICATION

On 12.01.2016 the patient was prescribed *Kutajghanavati* 500mg, BD with water for 20days. After 20 days the patient came for follow -up and there was no relief of the main symptom. On 03.02.2016 the patient was prescribed *Panchamrita parpati* 250mg BD with water and *Sutasekhar ras*, 250mg, BD for another 20 days. After 20 days the patient came for follow-up. There was a decrease in the intensity of abdominal pain and the frequency of stools. Yet, the patient did not get a complete relief of the symptoms. Then the patient was prescribed *Swarna malini vasantaras* 150mg BD for one month along with *Mustarista*. The patient came for follow-up after 30 days. The patient had complete relief of the symptoms. The patient was on follow up for the next 3 months and there was no recurrence of the disease within these 3 months.

DISCUSSION

As the patient is a case of *Grahani* but more of *Atisara* type, *Kutajaghanavati* was selected and prescribed during the first visit. During the period of administration of *Kutajaghanavati* there was no change regarding the bowel pattern. The patient was relieved from chronic pains and headache to a maximum extent. The abdominal pain also persisted. *Kutajaghanavati* contains only *Kutaja*. It is indicated in *jwaraatisara* and *Grahani*⁶. As *Kutajaghanavati* is indicated in *Jwaraatisara*, the patient's feverish sensation, body pains and headache have been relieved. Non effect on the bowel pattern may be due to the chronicity of the disease and less immunity of the patient.

The next 20 days the patient was put on *Panchamritaparpati* and *Sutsasekhar ras*. During the period of administration of the above two drugs, patient was relieved from dyspepsia, abdominal pain and there was also a decrease in the frequency of stools. The sense of incomplete evacuation, and mucus stools was persisting. *Panchamritaparpati* is indicated in *Grahani*, *mandagni*, *atisara* and *amlapitta*⁷. *Sutasekhararas* is indicated in *Amlapitta*, *sula*, *tridoshaja atisara* and *Grahani*⁸. These both drugs when given in combination worked out well in dyspepsia, abdominal pain and also gradually led to a decrease in the frequency of the stools. The appetite of the patient also improved.

As the mucus stools were persisting and the disease was becoming chronic *Swarnamalini vasantaras* along with *Mustakarista* was opted for further management. In our clinical experience *Swarnamalini vasantaras* proved to work well in many chronic diseases. In *Grahani*, *Parpati* is the best drug of choice. In order to increase the natural capacity of the intestines and the strength of the patient, *Swarnamalini vasantaras* was selected after the administration of *Panchamrutaparpati*. *Swarnamalini vasantaras* is a good *rasayana*⁹. This increased the immunity and general strength of the patient and thereby led to the relief of the disease. *Mustakarista* is indicated in *ajeerna*, *agnimandhya* and *Grahani*¹⁰. Both the drugs when given in combination worked out well and also the patient was completely relieved from altered bowel pattern and mucus stool.

CONCLUSION

Ayurveda is the holistic system of medicine which treats most of the diseases in a more natural way. Diseases like IBS when remained a challenge to the other medical systems; Ayurveda is a ray of hope to the most of the patients in depressed conditions. Ayurveda definitely have a positive solution to the most distressed diseases as IBS.

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How to cite this URL: S. Gnanaprasuna & B. Harinatha Chary: Ayurvedic Clinical Management Of Irritable Bowel Syndrome – A Case Report. International Ayurvedic medical Journal {online} 2016 {cited October - November, 2016} Available from: http://www.iamj.in/posts/images/upload/118_120.pdf