

## A REVIEW ON THE AYURVEDIC APPROACH OF IRRITABLE BOWEL SYNDROME WSR TO GRAHANI

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### ABSTRACT

Irritable bowel syndrome is a common functional gastrointestinal disorder with no identifiable structural abnormality. It is characterized by abdominal pain or discomfort and altered bowel habits as major symptoms. IBS accounts for more than 40% of new referrals to gastroenterology outpatient clinics. Diagnosis is done by Rome IV criteria. Etiology and pathogenesis is not clearly understood. In *Ayurveda* it can be managed with the concept of *Grahani*. The basic *Samprapthi* is at the level of *Grahani* and *Pakwasaya* which is as a result of *Agnidushti*. The symptoms of IBS are *Tridoshaja* with a *Vatha* predominance. *Vatha* has *Sthanika* importance also as *Pakwasaya* is the seat of *Vatha*. So, medicines with *Deepana*, *Pachana*, *Anulomana* and *Grahi* properties are ideal. *Satwavajaya Chikitsa* (psychotherapy) is helpful because of the involvement of psychological factors. Diet and lifestyle modifications with exercises and relaxation techniques have added benefit in the management since it has a chronic and relapsing nature.

**Keywords:** Irritable bowel syndrome, *Grahani*, Rome IV criteria

### INTRODUCTION

Irritable bowel syndrome is a common gastrointestinal disorder of chronic relapsing nature. Usually affecting younger individuals causing a great impact on

productivity and quality of life. It is defined as a functional bowel disorder characterized by abdominal pain

or discomfort and altered bowel habits in the absence of detectable structural abnormalities<sup>1</sup>.

Global prevalence ranges between 10-15%<sup>2</sup>. IBS accounts for more than 40% of new referrals to gastroenterology outpatient clinics<sup>3</sup>. Females are more affected than males. It also decreases with age. Based on the major presentation it can be classified as diarrhea dominant (IBS -D), constipation dominant (IBS-C) and mixed type (IBS-M). Diagnosis is done by a symptom-based criterion and no lab investigations are necessary for the confirmation of disease. Usually it follows a chronic and episodic nature which shows a little response to conventional management.

In *Ayurveda* it can be viewed through the concept of *Grahani*. *Grahani* is a broad spectrum of diseases of non-infectious pathology of gastrointestinal tract. Here

the basic pathologic factor is *Vatha* and *Agni* as *Grahani* being the *Adhishtana* (seat) of *Agni*<sup>4</sup>. *Grahani* is also an anatomical structure which holds the food till the end of digestion in *Amasaya*<sup>5</sup> and the disease in which *Grahani* is vitiated is known as *Grahani Roga*. There are two ways of vitiation of *Grahani*:-

1) congenital -by birth some people have *Vatha*, *Pitha* or *Kapha* predominant *Koshta*<sup>6</sup>.

2) acquired *Agnidushti* - by persistent use of *Agni Vidhwamsakara Ahara*<sup>7</sup>, *Vihara* (diet and activities that reduces power of digestion) and mental factors *Agnidushti* which in turn causes vitiation of *Grahani* plays a main role in the manifestation of the disease. The etiological factors of vitiation of *Agni*<sup>8</sup> from classics can be classified as *Aharaja*, *Viharaja*, *Manasika* and others.

<i>Aharaja</i>	<i>Viharaja</i>	<i>Manasika</i>	Others
<i>Abhojanam</i> (fasting)	<i>Swapnaviparyayam</i> (lack of sleep and day sleep)	<i>Soka</i> (grief)	<i>Vireka Vamana Sneha Vibhrama</i> (improper administration of purgation, emesis and oleation)
<i>Ajeernabhojanam</i> (indigestion)	<i>Vega Dharana and Udeerana</i> (suppression of urges)	<i>Krodha</i> (anger)	<i>Vyadhi Karsana</i> (due to other diseases)
<i>Athibhojanam</i> (excessive food intake)	<i>Yaana Yana Asana Sthana Chamkramana</i> (prolonged travelling, sitting or walking)	<i>Kshuth</i> (hunger)	<i>Desa Kala Rithu Vaishamya</i> (residing at unsuitable desa and seasonal perversions)
<i>Asathmyabhojanam</i> (unwholesome food)		<i>Bhaya</i> (fear)	
<i>Vishamasanam</i> (irregular diet habits)			
<i>Samdushta/ Dwishta Bhojanam</i> (stale food)			
<i>Dagdha/ Ama Bhojanam</i> (burnt or uncooked food)			
<i>Sushka/ Athyambuplutham</i> (dry/high fluid food)			
<i>Overuse of Guru</i> (heavy), <i>Seetha</i> (cold)and <i>Ruksha</i> (dry) <i>Ahara</i>			

## Pathogenesis

Pathogenesis of IBS is poorly understood. Some of the possible factors have been proposed by various studies

- abnormalities of colonic and small bowel motility
- Visceral sensory hypersensitivity

- Influence of CNS factors also suggested by the clinical association of emotional disorders and stress with symptom exacerbation.
- Gut brain axis has role in colonic activities.

- Prior infections
- Altered gut microbiota
- Serotonin dysregulation– plasma concentration is reduced in IBS-C and raised in those with IBS-D

From known and unknown *Nidanas*, *Vatha* dominant *Tridoshakopa* develops in *Koshta* which leads to vitiation of *Agni* and *Grahani*. When *Agni* and *Grahani* is vitiated it causes vitiation of *Pureeshavaha* and *Annavaha Srotas* in turn manifest as *Athisara* (diarrhea), constipation, *Soola* (abdominal pain), *Hrillasa* (heart burn) like both lower and upper gastrointestinal

symptoms. When *Chala Guna* of *Vatha* is dominant that causes IBS-D and if *Ruksha Guna* is dominant, IBS-C. Also because of *Adhishtana Visesha* (*Pakwa-saya* is the *Adhishtana* of *Vayu*), *Vatha* is dominant in the disease.

### Clinical Features

According to Vagbhata *Grahani* is *Chirakrith*- chronic in nature and in *Grahani* the *Pureesha* (stool) is *Muhu Badham* and *Muhu Sidhilam*<sup>9</sup> i.e. alternating diarrhea and constipation. It is the classic presentation of IBS.

Lakshana	Vatha	Pitha	Kapha
Abdominal pain	+		
Increased frequency of defaecation increased by stress	+	+	
Constipation	+		
Sense of incomplete evacuation			+
Urgency	+		
Defaecation straining			+
Bloating – belching & flatulence	+		
Abdominal distension	+		
Dyspepsia		+	
Heart burn		+	
Nausea			+
Vomiting		+	

On analysing clinical features, *Tridoshakopa* is evident and *Vikalpa Samprapthi* is as follows

*Vatha*- *Pradhanathama*,

*Pitha* -*Pradhanathara*

*Kapha*- *Pradhana*

Based on clinical presentation it may be *Vathapradhana*, *Pithapradhana* or *Kaphapradhana*.

Dosha	Lakshana
<i>Vatha</i> dominant	Abdominal pain, increased frequency of defaecation, constipation, bloating, abdominal distension
<i>Pitha</i> dominant	Diarrhea, heart burn, dyspepsia, vomiting
<i>Kapha</i> dominant	Sense of incomplete evacuation, defaecation straining, nausea

### Diagnosis

As already stated, diagnosis is done by a symptom-based criterion –

#### Rome IV criteria

Recurrent abdominal pain, on an average, at least 1day/week in the last 3 months, associated with two or more of the following criteria:

- Related to defecation

- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

### Alarm symptoms

The patient should undergo proper investigations in the presence of red flag symptoms or alarm symptoms

which are indicative of organic lesion. Alarm symptoms includes

- Rectal bleeding
- Anaemia
- Weight loss
- Fever
- Late age of onset
- Acute onset
- Family history of cancer
- Family history of inflammatory bowel disease
- Constant distension
- Continuous diarrhea

### Management

A multidisciplinary approach is proved to have a best result in the management of IBS since it follows a relapsing remitting course. Nonpharmacological measures like diet and lifestyle modifications including exercises can be advised. Psychological support (*Sat-wavajaya Chikitsa*)<sup>10</sup> should be provided if needed. *Laghu* (light), *Snigdha* (unctuous), *Ushna* (hot) and *Deepana ahara* which is good for maintaining *Agni* should be taken. *Takra* (butter milk) is one such *Dravya* which is *Deepana*, *Grahi* and *Laghu* hence effective in IBS. Moderate aerobic exercises, *Pranayama* (breathing exercises), is beneficial. For patients, dominant with psychological factors *Bhaya* or *Soka Athisara Chikitsa* can be adopted which is same as *Vatha Athisara Chikitsa* including *Harshana*, and *Aswasana*<sup>11</sup> (consoling).

### Pharmacological management

1. *Deepana Pachana* - drugs that stimulate power of digestion and digest *Ama*
2. *Sarpiprayoga* – with *Deepana* drugs after digestion of *Ama* when *Vatha* is dominant<sup>12</sup>
3. *Niruha* – If there is obstruction of stool, flatus and urine with proper *Agnibala*<sup>13</sup>
4. *Vireka* – If *Paithika* symptoms are dominant
5. *Anuvasana* – After *Sodhana* if *Badhavarsha* (constipation) due to *Koshta Rukshatha*<sup>14</sup> (increased dryness of *Koshta*)
6. *Samana Chikitsa* with *Deepana Pachana Anulomana Dravyas*

In order to correct *Agnidushti*. *Deepana*, *Pachana* should be the first line of management. Considering the role of *Vatha*, *Anulomana* is essential for the *Samprapthi Vighattana*. After proper *Ama Pachana*, *Grahi* drugs can be used if diarrhea is dominant or *Anulomana* is enough for constipation. *Sodhana* therapy is needed for chronic illness with a history of several years and in *Bahudoshavastha* (excessively vitiated *Doshas*). After the improvement of signs and symptoms and attaining proper *Agnibala*, *Sarpi* (medicated ghee) having *Deepana* property can be used to improve the *Bala* and healthy status of *Koshta*. *Sneha* is considered as the best *Oushadha* for promoting *Agni*<sup>15</sup>, so it can be used to prevent the recurrence as maintenance of *Samagni* is necessary for a healthy *Grahani*.

### DISCUSSION

In *Ayurvedic* view, *Adhishtana* of IBS is both *Sareera* and *Manasa* ie affecting both body and mind. The disease of mind can also manifest as symptoms of body. It is a disease of *Abhyanthara rogamarga* in which *Pureeshavaha* and *Annavaaha Srotas* are affected mainly. Clinical features are similar to *Grahaniroga* as already explained. On *Dosha* based analysis all the *Doshas* are involved. But the dominant features are *Vatika* hence it is *Vatha* dominant *Sannipatha*. It follows a relapsing and remitting course usually. Food intake and mental stress factors may act as precipitating factors. Diarrhea alternates with constipation. Based on the dominant presentation the disease is classified. According to *Ayurveda*, *Chalatwa* (movement) is the function of *Vayu*. If *Chala Guna* of *Vayu* increases, it may increase the peristaltic bowel movements causing frequent tendency of defaecation and diarrhea. If the *Ruksha Guna* of *Vayu* is increased, it may cause the *Soshana* (drying) of stool and can result in constipation.

According to *Vagbhata* all the three types of abnormal *Agni* can cause *Grahanidosha*. But the management is based on *Dosha* predominance, considering *Agni* and *Ama*. Because of the strong relationship between *Grahani* and *Agni*, maintenance of *Agni* is important in curative and preventive aspect of IBS. In IBS-D, *Grahi* drugs also can be helpful because they digest the *Ama* and arrest the diarrhea. But in IBS-C, *Anulomana* drugs

are effective which helps the *Apana* to function normally for the passage of stool. Patient must follow the *Pathya* and *Apathya* strictly as any violation may decrease the effectiveness of the treatment. *Aharavidhi Viseshya Ayathanas* and *Bhojana Vidhi* explained in classics has a very significant role in the management of diseases like IBS.

## CONCLUSION

Medical management along with *Satwavajaya Chikitsa* (psychotherapy) and yoga therapy is very effective in the management of IBS. By giving reassurance and support and promoting healthy lifestyle and mental status along with appropriate internal medications, ayurveda can help the recovery of individuals and thus reduce the burden of the disease.

## REFERENCES

1. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo. Harrison's principles of internal medicine. 18th edition. Mc Graw-Hill companies; 2012. p.1900.
2. Occhipinti K, Smith JW. Irritable bowel syndrome: a review and update. Clin Colon Rectal Surg. 2012 Mar;25(1):46-52. doi: 10.1055/s-0032-1301759. PMID: 23449495; PMCID: PMC3348735.
3. Farmer AD, Wood E, Ruffle JK. An approach to the care of patients with irritable bowel syndrome. CMAJ. 2020 Mar 16;192(11):E275-E282. doi: 10.1503/cmaj.190716. PMID: 32179536; PMCID: PMC7083544.
4. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Sareera sthanam Angavibhagam sareeram (3/51). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.394.
5. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Sareera sthanam Angavibhagam sareeram (3/50). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.394.
6. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Sutra sthanam Ayushkameeyam (1/9). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.8.
7. Susruta. Susruta Samhita with Nibandhasangraha Commentary of Sri Dalhanacharya uthara tantram Atisara pratishedham (40/166). In: Narayan ram acharya kavyatirtha, editor, Varanasi: Chaukhambha Orientalia; 2019 ed. p.709.
8. Agnivesha. Caraka Samhita with Ayurvedadipika commentary by Sri Cakrapanidatta chikitsa sthana Grahani Dosha chikitsitham adhyaya(15/42-43). In: Vaidya yadavji trikamji acharya, editor, Varanasi: Chaukhambha surbharati prakashan; 2017 ed. p.517.
9. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Nidana sthanam Atisara grahanidosha nidanam (8/18). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.497.
10. Hetterich L, Stengel A. Psychotherapeutic Interventions in Irritable Bowel Syndrome. Front Psychiatry. 2020 Apr 30; 11:286. doi: 10.3389/fpsyt.2020.00286. PMID: 32425821; PMCID: PMC7205029.
11. Agnivesha. Caraka Samhita with Ayurvedadipika commentary by Sri Cakrapanidatta chikitsa sthana Atisara chikitsitham (19/12). In: Vaidya yadavji trikamji acharya, editor, Varanasi: Chaukhambha surbharati prakashan; 2017 ed. p.549.
12. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Chikitsa sthanam Grahanidosha chikitsitham (10/22). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.667.
13. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Chikitsa sthanam Grahanidosha chikitsitham (10/23). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.667.
14. Vagbhata. Ashtanga hridayam with Sarvangasundara Commentary by Arunadatta Chikitsa sthanam Grahanidosha chikitsitham (10/25). In: Pt. Hari sadasiva sastri paradkar, editor, Varanasi: Chaukhambha surbharti prakashan; 2016 ed. p.667.
15. Agnivesha. Caraka Samhita with Ayurvedadipika commentary by Sri Cakrapanidatta chikitsa sthana Grahani chikitsitham adhyaya(15/201). In: Vaidya yadavji trikamji acharya, editor, Varanasi: Chaukhambha surbharati prakashan; 2017 ed. p.524.

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