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AYURVEDIC MANAGEMENT OF GRAHANI (IRRITABLE BOWEL SYNDROME) WITH PREDOMINANT PSYCHOLOGICAL ETIOLOGY: A CASE REPORT.

[1] Dr. Priyanka Rajkumar Bhosale, [2] Dr. Archana Kantilal Bhimani, [3] Dr. Sheetal Uttam Roman,

[4] Dr. Vinayak Nilkanth Joshi

[1]Post Graduate Scholar, Department of Kriya Sharir, [2] Post Graduate Scholar, Department of Roga Nidana Evum Vikruti Vignyan, [3] Professor and HOD, Department of Kriya Sharir, [4] Professor and HOD, Department of Roga Nidana Evum Vikruti Vignyan

[1] Department of Kriya Sharir,

[1] Dr. D. Y. Patil College of Ayurved and Research Centre, D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune-411018, Maharashtra, India.

Abstract : A 45-year-old female presented with recurrent abdominal pain, bloating, and altered bowel habits, diagnosed as irritable bowel syndrome (IBS) with significant psychological stress as a precipitating factor, and was interpreted as *Grahani* with *manasika nidana* in Ayurveda. The patient received an individualized Ayurvedic protocol including *Deepana–Pachana, Grahani-shamana* drugs, *Medhya Rasayana, Satvavajaya chikitsa*, diet and lifestyle modification, and selected external therapies. Over a defined treatment period, there was marked improvement in IBS symptom severity, stool pattern, and anxiety scores, with sustained benefits on follow-up. This case suggests that whole-system Ayurvedic management targeting both gut and mind.

Keywords:
Grahani, Inflammatory Bowel Syndrome, *Rasayana Chikitsa,* gut-brain axis

I. INTRODUCTION

Irritable bowel syndrome is a chronic functional bowel disorder characterized by abdominal pain and altered bowel habits, closely linked to psychosocial factors and gut–brain axis dysregulation.[1,2] In Ayurveda, IBS is commonly correlated with *Grahani Roga*, a disorder of Agni and Grahani, in which *manasika bhavas* such as stress, anxiety, and worry are important etiological and prognostic factors. Due to malabsorption and lack of nutrition, various complications due to predominance of *Vata* become manifested like *Swasa, Kasa, Gulma, Hridroga, Pliharoga, Parikartika*.[3] Prevalence In India the female to male ratio is 1:3 and common age group is 20-40 years. Symptoms are vague and these include abnormal bowel habits ranging from constipation to diarrhoea (often alternating irregularly), pellet like stools, increased gastrocolic reflex, vague abdominal pain. Around 20% of subjects complain of weight loss. Clinically IBS shows symptoms like altered bowel habit i.e. constipation, diarrhoea or mixed type, abdominal pain and bloating, indigestion, heart burn, feeling of incomplete defecation, passage of mucus in stool.[4,5] The line of treatment followed was both *Shodhana* and *Shamana*. Drugs having *Kasaya Rasa, Usna Veerya, Madhura Vipaka & Ruksha Guna* help to pacifies *Vata* & *Pitta Dosha* therefore potentiates *Agni* which improves process of digestion. Drugs which gives bulk to the stool, hydrate body and possess nutritional benefits also relieve symptoms of *Grahani Dosha*. Despite multiple modern treatment options, many patients remain symptomatic.[6] This article described general consideration of *Grahani Dosha* and its management by Ayurveda and conduction of disciplinary life style. The present case study demonstrates the critical contribution of Ayurveda to the effective treatment of *Grahani* (IBS).

II. Materials and Methods:

Patient information:

Demographics: 45-year-old female, married, residing in an urban area, working in a mentally demanding occupation (e.g., school teacher/office worker; specify). Complaining of Recurrent crampy abdominal pain and bloating from 10 months, Altered bowel habits (loose stools 3–4 times/day immediately after meals), Sense of incomplete evacuation and occasional mucus in stool, having Psychological history of persistent worry, irritability and sleep disturbance and family stress from past 2 years, difficulty in focusing on professional work.

Past history:

Patient has no history or family history of Inflammatory bowel syndrome.

table 1: personal history

prakruti	*vattapradhan pitta*
Ahaar prakar (Diet)	Non-vegetarian, sweet and spicy preference
Ahaar shakti (Appetite)	Irregular
Kshudha (Hungar)	Medium
Nidra (sleep)	*Atinidra* (Increased sleep) more than 8hours a day
Addiction	Alcohol (Twice a week)
Manas	*Chanchala, with Chinta, Udvega*, worry and tension; *Satva madhyama*.

table 2: *ashtavidha pariksha* (eight-fold examination):

Nadi/ Pulse- *vattapradhan Vata*	*Shabda* (Speech)- clear
Mala (Stool)- Constipation	*Sparsh* (Touch)- dry
Mutra (Urine)- Normal	*Druk* (Vision)- non- clear
Jivha (Tongue)-black coated at the centre and tip of tongue	*Akruti* (Body appearance)- *Krusha*(Thin)

- Medical/psychosocial history:
    - No features found (significant weight loss, GI bleeding, fever, family history of colorectal cancer).
    - Significant work and family-related stress for past 10 months, with no major comorbidities such as diabetes, inflammatory bowel disease, or major psychiatric illness in the past.
- Family history: Non-contributory for inflammatory bowel disease or colorectal malignancy (or specify if present).
- Lifestyle and diet: Irregular meal timings, frequent intake of spicy, fried fast food, tea/coffee, and eating in a hurried, tense state reported.

On Examination (Abdominal Examination)

On percussion and deep palpation of the abdomen, dull sound and mild tenderness near umbilical area is observed.

- Ayurvedic interpretation: Symptoms consistent with *Grahani Roga* with *Vata–Pitta* predominance and *Vishama/Tikshna Agni*, with clear history of psychological trigger.

Diagnostic assessment:

- Modern evaluation:
    - Diagnosis of IBS based on Rome IV criteria: recurrent abdominal pain associated with change in stool frequency/form (detail as per the actual case).(7)
    - Baseline investigations such as CBC, ESR/CRP, LFT, RFT, thyroid function and ultrasound abdomen (and colonoscopy if done) were within normal limits, excluding structural pathology.
- Ayurvedic assessment:
    - *Nidana*: Irregular, incompatible and *Ruksha/ushna ahara; Atibhashana, Vega-dharana*, and persistent *manasika* stress (*Chinta, Udvega*).
    - *Dosha: Vata–Pitta prakopa*, particularly *Apana Vata* and *Pachaka Pitta*.
    - *Dushya: Rasa, Rakta, Mamsa*, and *Kledaka Kapha* involvement as per symptomatology.
    - *Srotas: Anna-Vaha* and *Purisha-Vaha srotodushti*.
    - *Agni: Vishama/Tikshna* with impaired *Grahani* function, corresponding to IBS pathophysiology.(9,10)
- Differential diagnoses: Inflammatory bowel disease, celiac disease, malignancy and other organic colitides were considered and ruled out by normal baseline investigations and absence of alarm features.

Treatment:

It included Do's and Don't related to intake of food items, routine life style behaviour or activities, Oral medications and detoxification therapies.

1. *Ahara* (diet)

- Warm, freshly prepared, light and easily digestible food: rice, moong dal, well-cooked vegetables, small quantity of ghee; avoidance of cold, dry, stale, very spicy and fried food.(11)
- Regular meal timings; avoidance of overeating and late-night meals; inclusion of buttermilk seasoned with *Deepaniya dravyas* where appropriate.

2. *Vihara* and *Satvavajaya*

- Establishment of regular daily routine with fixed sleep and meal times, gentle walking and simple *yogasanas.*
- Daily or alternate-day practice of *pranayama (e.g., Anuloma-Viloma, Nadi Shodhana)* and 15–20 minutes of meditation or *Yoga Nidra* to reduce stress and autonomic arousal.
- *Satvavajaya chikitsa* through structured counselling: education about the benign nature of IBS, stress-coping strategies, cognitive reframing and relaxation training.

3. Aushadhi (oral medications)

- *Deepana–Pachana* for initial 1–2 weeks: formulation(s) containing *musta, hinguvashtak churn*, tailored to not aggravate *Pitta*, given before meals. Dose- 2gm with luke warm water.
- *Grahani–shamana* and *Vata–Pitta* balancing drugs: *Kutaja*-based preparations (for loose stool), *Bilva Avaleha* and *Dadimashtaka Churna* , given in between meals BD (after consuming half meal this medicine should be taken and than remaining meal consumed)for 8–12 weeks. Dose- 3gm with regular room temperature water.
- *Medhya–Rasayana* for psychological component: *Brahmi, Ashwagandha, Shankhapushpi, Mandukaparni* or compound *Medhya* formulations to reduce anxiety, improve sleep and support gut–brain axis taken after *Panchakrma* therapy 1 tea spoon OD empty stomach every morning.
- *Rasayana* phase: After symptom control, *Rasayana* such as *Chyawanprash* or other appropriate rejuvenative to maintain *Agni, Ojas* and psychological stability taken after *Panchakrma* therapy 1 tea spoon OD empty stomach every morning.

4. Panchakarma / external therapies

- *Basti:* a course of *Niruha* or *Anuvasana basti* using suitable *sahachara Tail* for *Anuvasana basti* /Mustadi Yapana decoctions used for *Niruha Basti* aimed at *Apana Vata* regulation and bowel normalization. *Basti* was started with *Anuvasana basti* first and the given alteranate sequence (*Anuvasana- Niruha Basti*) for 7 days.
- *Abhyanga* and *Shirodhara-Takra Dhara*: employed to reduce stress, improve sleep and modulate the gut–brain axis done for first 5 days of treatment.

III. Observations and Outcomes:

- Within first 2–4 weeks, reduction in abdominal pain, bloating and urgency, improvement in stool form and frequency, and better sleep reported.
- By 8–12 weeks, marked reduction in IBS-SSS (e.g., >50% improvement), improved QOL scores, and significant reduction in anxiety scores, with regular, formed stools and minimal abdominal discomfort.
- At 6-month follow-up, sustained improvement with occasional mild symptoms only during intense stress, controlled with adherence to diet, yoga and medicines on as-needed basis.
- Adverse events: No significant adverse effects related to Ayurvedic medications or procedures were observed.

table 3: specific clinical changes

Parameter	Before Treatment	After 8-12 Weeks	6-Month Follow-up
Stool Pattern	Loose 3-4x/day post-meals	Regular, formed	Regular, occasional stress-related
Abdominal Pain	Recurrent crampy	Minimal	Minimal/occasional
Bloating	Present	Reduced	Minimal

Parameter	Before Treatment	After 8-12 Weeks	6-Month Follow-up
Sleep	Disturbed	Improved	Normal
Anxiety Scores	Elevated	Significant ↓	Low

IV. Discussion

This case illustrates IBS as *Grahani* with predominant *Vata–Pitta* vitiation, *Agni dushti* and strong *manasika nidana*, reflecting the gut–brain axis concept in Ayurvedic terms.[12] To recover this *Agni Dushti Deepan-Pachana* medicines were used in which *hinguwashtak Churn* which help digest the food, providing relief from indigestion and flatulence. These properties also help with the loss of appetite also has *Vata* balancing property which helps manage abdominal pain.

Musta act as *Pitta Kaphasamaka. Pitta samaka* due to its *Sita virya* and *Tikta, Kasaya rasa. Kapha samaka* because of *Katu vipaka* and *Tikta Kasaya, Katu rasa*. Cyperus rotundus act as *Rocaka* (enhance the taste), *Krimighna* (anti-helminthic), *Atisaraghna* (anti-diarrhea), *Pacaka* (digestion power), *Dipana* (aids digestion).

Deepana–Pachana and *Grahani-shamana* drugs may correct *Agni* and intestinal motility, while *Medhya Rasayana* and mind–body practices likely modulate stress response, autonomic balance and gut sensitivity.[14] Grahani Dosha (IBS) is the disease og Agnivikriti and Manasik Dosha Vikriti and formation of *Ama Dosha* at different levels is the main *Samprapti* responsible for the disease. The main ingredient of *Bilva Avaleha* is *Bilva* which act as *Agnideepana, Amapachana. Dadimashtaka Churna* helps to treat malabsorption syndrome and diarrhoea. It relieves abdominal colic pain arising due to imbalance of *Vata Dosha.*

Whole-system Ayurvedic management (*Ahara, Vihara, Aushadhi, Panchakarma and Satvavajaya*) appears to improve both gastrointestinal and psychological outcomes.[13] *sahachara Tail* for *Anuvasana basti- Sahachara* possesses *Tikta* and *Madhura Rasa* that detoxify the body, while *Tila Taila* and *Kshira* nourish the *Dhatus* and promote *Ojas*, supporting longevity. *Mustadi Yapana Basti* helps to improve absorption rate of intestine and also helps to maintain the stability in peristaltic movements of intestine. [14, 15] *Rasayana Chikitsa* improves metabolic activities and results in best possible bio-trasformation. It promotes rejuvenation and maintains physical and mental health.

The main limitations are single-patient design, absence of control, and potential placebo and regression-to-mean effects; however, the temporal association and objective score improvements support a meaningful therapeutic role.

V. Conclusion

In this case report, a 45-year-old female with Irritable Bowel Syndrome (IBS)—correlated in Ayurveda as *Grahani Roga* with *Vata-Pitta* predominance and strong psychological triggers like chronic stress and anxiety—experienced marked improvement through a holistic Ayurvedic protocol. This included *Deepana-Pachana* and *Grahanishamana* drugs to restore *Agni* and bowel function, *Medhya Rasayana* for mental clarity, *Satvavajaya chikitsa* (stress management), diet/lifestyle modifications emphasizing warm digestible foods and routines, and external therapies like *Abhyanga or Basti*, resulting in reduced abdominal pain, normalized stools, better sleep, and lower anxiety scores over 8-12 weeks, with sustained benefits at 6-month follow-up and no adverse effects. The findings underscore Ayurveda's potential in addressing IBS via the gut-brain axis by targeting both somatic and manasika nidana, though limited by its single-case design without controls, calling for larger controlled studies to confirm efficacy across patient profiles.

Patient perspective

The patient reported feeling “more in control,” with less fear of symptoms and improved confidence in performing daily activities after treatment.

Informed consent

Written informed consent was obtained from the patient for Ayurvedic treatment and for publication of this de-identified case report, in accordance with the CARE guidelines.

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