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Ayurvedic management of IBS - A Case Study

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ABSTRACT

Irritable bowel syndrome (IBS) is characterized by recurrent abdominal discomfort in association with alternate episodes of diarrhea and constipation. Physiological, luminal, behavioral and psychosocial factors are responsible for IBS. They are caused by two entirely different mechanisms. Bowels habit is disturbed by diarrhea or constipation occurring alone or alternating. A 30 years old male patient having symptoms of Muhurbaddha Muhurshithil (episode of constipated and loose stools), Apakwa Malapravritti (stool with mucus), Udarshool (abdominal pain). Patient treated with various Panchakarma (five biocleaning Ayurvedic therapies) procedures like Basti (herbal medicated enema), Herbal and oral medications. At the end of 50 days of treatment, patient got significant improvement.

Key words: Irritable Bowel Syndrome, Stress, Panchakarma, Grahani, Basti, Shamana

INTRODUCTION

Irritable bowel syndrome (IBS) is one of the clinically challenging disorders. It has a significant effect on health, cost and quality of life. Irritable bowel syndrome (IBS) remains a clinical challenge in the 21st century. IBS is one of the functional Gastrointestinal Disease (FGID) having high population prevalence. It is characterized by abdominal pain, change in frequency and form of stool. The symptoms occur with no structural pathology of the Gastrointestinal tract.^[1] Rome IV describes IBS with four subtypes namely constipation predominant (IBS-C), diarrhea predominant

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(IBS-D), mixed or alternating pattern (IBS-M) and IBS-U (unclassified).^[2] IBS diagnosis is based on clinical symptoms and the exclusion of somatic diseases.^[3] The severity of symptoms of IBS varies from very mild to incapacitating. The prevalence of moderate and severe cases may be underestimated.^[4] A threefold higher rate of cholecystectomy, a two fold higher rate of appendectomy and hysterectomy, approximately 50% higher rate of back surgery have been recorded in IBS patients compared to those without IBS.^[5] IBS impairs health related quality of life, possibly even increasing the risk for suicidal behaviors.^[6]

By taking a look on the sign and symptom of Grahani, somehow it resembles to IBS. In Grahani Roga, due to Dushit Jathragni the digestions of food do not occur properly. Undigested food forms a vitiated material called "Ama" which is responsible for producing various disorders. It disturbs the normal flora of GI tract and weakness the muscles and acid fluid configuration of GI tract. So, Prasad Bhaga of food is not form properly so nourishment of body does not occur. In today's practice, one can come across good number of patients suffering from the complaints related to G.I.T. These complaints vary from loss of appetite to chronic abdominal pain, irregular bowel

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habit, incomplete evacuation, chronic flatulence, constipation, diarrhea and failure to thrive etc. The important factors which play a significant role in most of the digestive disorder are malfunctioning of *Agni* and *Vata Dosha* along with significant contribution of mind in the physiological function of Digestive system. *Basti* being one among Panchakarma specially advised for the correction of *Vata Dosha* and as a site of attain a disease of colon.

CASE REPORT

A 30 years male patient visit our Ayurvedic Hospital with complaints of constipated and loose stools (*Muhurbadha Muhurshithil Malaprvritti*, abdominal pain (*Udarshool*), stool with mucus (*Apakvamalapravritti*), Anorexia (*Aruchi*), heaviness in abdomen (*Udaragourava*), fatigue (*Alasya*), and indigestion (*Ajeerna*) since 3 years. These symptoms resemble with the *Grahani Roga*.

Past history of patient

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

General Examination

Vitals Pulse: 80/min, CVS: S1 S2 Normal, BP: 110/70 mmHg, CNS: Conscious, Oriented, Temp: Afebrile, RS: AEBE, Clear, RR: 20/min., P/A: Resonance ++ Mild Tenderness, Built: Lean, Weight: 48 kg., Height: 5.6 feet, Blood Investigation: Hb%: 11.7 g/dL, ESR: 40mm, BSL(R):120mg/dl, Sr.Creatinine: 0.85mg/dl, HBsAg: Non-Reactive, Urine: Pus cells +.

Do's & Don'ts

Do's

Eat old rice, jawar, gourd, coriander leaves, lentil, green grams soup, black pepper, dried ginger, wood apple, Pomegranate, nutmeg, skimmed milk, buttermilk, hot water, complete rest, adequate sleep.

Don'ts

Eat wheat, maize, barley, pigeon pea, pea, cow pea, spiked dolichos, black gram, gram, Soya bean, saga, kidney bean, potato, sweet potato, navalkoal, onion, coconut, groundnut, chili, oily food, chicken, red meat, crabs, prawns, fish, leafy vegetable like sorrel, drum stick etc. mango, pineapple, apple, watermelon, cashew, pumpkin gourd, papaya, fig, jack fruit, excess milk, day sleep, awakening at night, tension, suppression of urges before bed.

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Treatment given

Shamana Chikitsa

- 1. *Kaidaryadi Kashayam* 10ml BD with Luke warm water
- 2. Kutjarishta 10ml BD with Luke warm water
- 3. Dadimashtaka Choorna 2gm BD with Takra
- 4. Bilvavleha 10 gm BD with Luke warm water

Shodhana

Varunadi Kwatha (for Nirooha Basti)

Dadimadi Ghritam (used for Anuvasan Basti) for 14 Days

OBSERVATION AND RESULTS

Signs	Before treatment	After treatment
<i>Muhurbaddha Muhurshithil Mala</i> (Episode of constipated & loose stools	Present	Absent
Distention of Abdomen	Present	Absent
Aruchi (anorexia)	Present	Absent
Balakshya (Weakness)	Present	Absent

DISCUSSION

Ayurveda mentioned one disease known as 'Grahani'. The symptom of this Grahani resembles most of IBS symptoms. Grahani is the seat of Agni and is called so because of holding up the food. Normally, it holds up the food (till it is digested) and releases it from the side after it is digested. But when it is deranged due to weak digestive fire it releases the ingested material even in

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unripe condition. Agni is deranged by fasting, eating during indigestion, over eating, irregularly eating, intake of unsuitable, heavy, cold, too rough and contaminated food, emaciation due to some disease, faulty adaptation to place, time and season, faulty administration of emesis, purgation and unction and suppression of natural urges. Agni thus deranged becomes unable to digest even the light food and the food being undigested gets acidified and toxic. This Agnimandya may be due to psychological factor or local bowel factor. It lead to defective absorption of Rasa Dhatu. So that function other Dhatu will be impaired body became week. That will lead to Ama condition in body. Although the etiology of the irritable bowel syndrome is uncertain, some relate this to psychological disturbances, especially anxiety. Some relate their onset to an attack of infective diarrhoea or certain foods may precipitate symptoms. It is true that stress can affect bowel function. It has been demonstrated that the bowel can flush or become very pale in response to emotional reactions. Severe acute stress may cause diarrhea.

Kaidaryadi Kashayam described under the Grahani Roga, in Chikitsamanjari. It contains Kaidarya (Murray kenigi), Haritaki (Terminalia chebula), Nagara (Zingiber officinalis), Patola (Trichosanthes cucumerina). It acts as Deepana and Pachana. Tridoshahara, Vatanulomaka and Malanulomaka. So, it relieves in the symptom of Muhur Muhur Mala Pravritti in Grahani Roga. In Kutjarishta^[7], Kutaj contains alkaloids like Kurchi bismuth iodide, conessine, and used in bowel complaints and improves Agni (digestive capacity), due to pungent property. It acts as antidiarrheal and anti-dysentery agent. Dadimashtaka Choorna^[8] used to improve taste, digestion, stops loose motions and relieves in bowel complaints. Dadimashtaka Choorna by the virtue of Pachana and Sangrahi action decreased the frequency of bowel due to its Pachaka, Shoolahara (pain relieving), and properties. Vatanulomana Vitiation of Agni (Mandagni) is the main reason for IBS. This ultimately results in Ama formation and may lead to diarrhea or constipation. Bilva, due to its Kashaya, Tikta Rasa, Katu Vipaka and Laghu Guna acts as Agni Deepana and also

Amapachaka. Kashaya Rasa and Ushna Virya help in reducing the colonic motility. Sangrahi property of Bilva is very useful to treat the increased frequency of defecation and the consistency of stool. In Bilvadileha in addition to Bilva, Prakshepa Dravyas like Dhanyak, Jirak, Ela, Keshar, Twak, Trikatu, Musta, have properties like: Deepana, Pachak, Kaphahara, Vedanasthapak, Rasayana. Thus, due to different properties of its ingredients, Bilvadileha has properties like: Tridoshahara, Deepana, Pachana, Amanashaka, Grahi, Vibandhahara and Vatanulomana which checks the Samprapti (pathogenesis) and pacify the symptoms IBS. Pharmacological of activities such as antidiarrheal.^[9] antidysentry, antibacterial, antiprotozoal, antispasmodic, antidepressant, antifungal, antigiardiasis, anthelmintic, antispasmodic, anti-inflammatory.^[10]

Basti is a multidimensional therapy, it can fulfill the purpose of elimination and palliation of Dosha, nourishment and rejuvenation of Dhatu (tissues). In this study Varunadi Kwatha^[8] (for Nirooha Basti) was selected for the treatment of Grahani (IBS) because of Varunadi Kwatha possess all the needful properties like Kaphahara Chedana, Lekhana, Tridoshana, Anulomana, and ingredients of the compound pacify Kapha Dosha by virtue of their Ruksha Guna, Katu Vipaka and Ushna Virya, so it relieves in the symptom of stool with mucus due to its Kaphahara, Chedana, properties. In Dadimadi Ghritam^[11] (used for Anuvasan Basti) contain Dadima, Dadim is Ama, Vata and Kapha Nashaka hence its relieves constipation, and abdominal pain and may corrects pathogenesis occurring in IBS. Pippalyadi Taila^[8] was also selected for Anuvasan Basti because of its ingredients which acts on Adhman (like Karma Vatanuloman) and does Deepan Pachan action also.

CONCLUSION

On the basis of this study, it can be concluded that *Varunadi Kawatha Basti* and *Shamana Aushadhi* found to be effective in reliving symptoms like *Muhurbaddha-Muhurshithil Mala* (Alternate constipated and loose bowel), distention of abdomen, stool with mucus in IBS. There was no adverse drug procedures reaction

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seen during the period of study. Further studies should be carried out with 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 management of IBS.

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