

An Ayurvedic approach of Vataja Grahani vis-à-vis Irritable Bowel Syndrome - A Case Study

Shashikala V^{1*}, Beena MD²

DOI:10.21760/jaims.10.1.39

^{1*} Shashikala V, Post Graduate Scholar, Department of PG Studies in Kayachikitsa, JSS Ayurveda Medical College, Mysuru, Karnataka, India.

² Beena MD, Professor, Department of PG Studies in Kayachikitsa, JSS Ayurveda Medical College, Mysuru, Karnataka, India.

Grahani is considered as Agni Adhishtana, which help in the process of metabolism and digestion of food. The ancient text of Ayurveda described that ingestion, digestion, absorption and assimilation of Aahara is regulated by Grahani. Any disturbances in the status of Agni leads to Mandagni which further leads to improper digestion of ingested food leading to Grahani Roga which nowadays affects large population globally, especially in developing countries due to improper food habits along with stressful lifestyle. In Modern parlance, it can be correlated to IBS. Irritable bowel syndrome (IBS) is characterized by recurrent abdominal discomfort in association with alternate episodes of diarrhoea and constipation. Physiological, luminal, behavioural and psychosocial factors are responsible for IBS. They are caused by two entirely different mechanisms such as Bowels habits disturbed by diarrhoea or constipation occurring alone or alternating. A case of 57 years old female diagnosed with Vataja Grahani Roga after detailed history taking, thorough clinical examinations and was diagnosed with IBS using Rome IV criteria and Mannings Criteria to assess the severity of the disease. Patient was then treated with Ayurveda Panchakarma therapies such as Kashayaseka, Sarvanga Abhyanga, Takra Basti and Shamanaushadhis. Assessment was done using IBS Symptoms Severity Scoring Scale. After completion of Ayurveda treatments, there was a marked improvement in the condition of the patient in terms of symptoms and IBS Severity scoring scale was reduced to score 9 from 34 within a span of 11 days. Hence this case is an evidence to demonstrate the effectiveness of Ayurveda treatment in case of Grahani Roga.

Keywords: Grahani, Irritable bowel syndrome (IBS), Sarvanga Abhyanga, Takra Basti, Shamanaushadhis

Corresponding Author

Shashikala V, Post Graduate Scholar, Department of PG Studies in Kayachikitsa, JSS Ayurveda Medical College, Mysuru, Karnataka, India.
Email: drshashisos96@gmail.com

How to Cite this Article

Shashikala V, Beena MD, An Ayurvedic approach of Vataja Grahani vis-à-vis Irritable Bowel Syndrome - A Case Study. J Ayu Int Med Sci. 2025;10(1):253-263.
Available From
<https://jaims.in/jaims/article/view/3864>

To Browse



Manuscript Received
2024-12-10

Review Round 1
2024-12-21

Review Round 2
2025-01-02

Review Round 3
2025-01-13

Accepted
2025-01-27

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
12.65

Note



© 2025 by Shashikala V, Beena MD and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



Introduction

Ayurveda has its unique concept of *Trayopastambha*[1] which are *Ahara*, *Nidra* and *Brahmacharya* which is an aid for the balance of *Tridoshas*. According to *Ayurveda*, the growth, nourishment, procreation, and dissolution of living beings are all the result of food consumed.[2] *Ayurveda* emphasises the importance of *Aahara* by a reference which says that all the things that help to lead a quality life such as strength, intellect, complexion, cheerfulness, good voice, happiness, contentment, intellect etc are dependent on *Ahara*. [3] *Acharya Kashyapa* even considered *Aahara* as *Mahabhaishajya* which promotes health in both diseased and normal people.[4] If the *Aahara* is not taken properly in terms of quantity or quality, it will eventually lead to the manifestation of various diseases. *Grahani* is the structural seat of *Agni* which retains the food until it is fully digested and then passes it into the *Pakvashaya*. [5] Due to the vitiation of *Pachaka pitta*, *Samana Vata* and *Kledaka Kapha*, in which there will be impairment of status of *Agni*, which eventually vitiates the structure *Grahani* and further called as *Grahani Roga*. [6]

In *Shabdakalpdruma*, The root word of "*Grahani*" is derived from "*Grah Dhatu*," which means to catch, hold, or obtain (*Shabda Kalpadrum*). The specialised portion of the *Mahasrotas* is called *Grahani* (Gastrointestinal system). *Jatharagni's* seat is the organ *Grahani*, which holds onto the food until it is completely digested before passing it into *Pakwashaya* (intestine). *Agni* when lacks functionality, leads to *Grahani Roga* as a result of faulty food digestion and metabolism influenced by *Mandagni*. Because of its direct connection to bad eating habits and a stressful lifestyle in the modern era, *Grahani* is a disease with significant clinical relevance.[7]

Grahani Roga is one of the *Mahagadas* according to *Ayurveda*. There are three ways to interpret the word "*Grahani*," i.e., *Grahani Roga*, *Grahani Dosha*, and *Grahani Avayava*. The term "*Grahani Dosha*" refers to any deviation from the state of *Samagni*, *Mandagni*, *Teekshnagni*, and *Vishmagni*. Classical *Ayurvedic* texts describe the illness condition known as *Grahani* (Malabsorption sickness). Following the physiological digestion, absorption, and assimilation of any food into *Saara* and *Kitta* by *Jatharagni Vyapara* (tissue interaction),

Rasa must then circulate normally throughout *Shareera* and *Kittavisarjana* (waste removal) must be carried out regularly for *Jeeva Poshana* or maintaining homeostasis through adequate nutrition. *Agni Dosha*, which is located within *Grahani*, is regarded as *Grahani Dosha*. *Grahani Dosha* and *Grahani Roga* respectively, might be thought of as functional disintegration caused by *Agni* dysfunction and organic disintegration caused by improper dynamics of the interior mucosa.[8] In contemporary science, *Grahani* can be correlated to Irritable Bowel Syndrome (IBS).

Irritable Bowel Syndrome (IBS) is a functional disorder that is common in almost all parts of the world. The prevalence of IBS all over the world is estimated to be 11.2% whereas in India, it is estimated to be between 4.2% to 7.7%.[9] The aetiology of IBS is broad and not clearly understood. However, as below in the pathophysiology section, motility, visceral sensation, brain-gut interaction, and psychosocial distress can all play a role in the development of IBS. The pathophysiology of IBS is broad and includes abnormalities involving motility, visceral sensation, brain-gut interaction, and psychosocial distress. One of these can usually be demonstrated in the majority of IBS patients; however, not all symptoms can be attributed to them. Recent studies have also shown altered gut immune activation and intestinal and colonic microbiome are associated with IBS. Environmental contributors to IBS include early life stressors, food intolerance, antibiotics, and enteric infections. Patients often complain that IBS symptoms are related to food intake. However, a true food allergen has a limited contribution to IBS. The symptoms commonly encountered include abdominal pain or discomfort, bloating, diarrhoea, constipation etc. IBS is a symptom-based disorder, and thus treatment goals are aimed at resolving symptoms such as pain, bloating, cramping, and diarrhoea or constipation. For constipation, fibre supplements and laxatives can be helpful whereas, in those with diarrhoea, medications such as loperamide or probiotics can be helpful. Moreover, increased physical activity can increase colonic transit time and improve symptoms. Patients also often associate food intake with IBS symptoms. Foods such as wheat products, onions, fruits, vegetables, sorbitol, and some dairy can include short-chain, poorly absorbed, highly fermentable carbohydrates, which are known as FODMAPs.

FODMAPs have been associated with increased gastrointestinal symptoms in IBS patients.[10] In this case, the symptomatology of IBS mimics the symptoms explained in *Grahani Roga Adhyaya (Charaka Samhita)* with respect to *Vataja Grahani*. The treatment explained in *Ayurvedic* classics for *Grahani Roga* effectively manages the symptoms mentioned above. A successfully treated case of *Vataja Grahani* will be discussed here in this article.

Case Report

A 57 years old female visited to *Kayachikitsa* OPD of JSS *Ayurveda* Hospital, with the complaints of altered bowel habits (8-10 episodes of watery, loose stools associated with foul smell everyday with occasional evacuation of hard stools every 3 or 5 days once) associated with severe lower abdominal pain, persistent bloating of abdomen, occasional nausea following food intake which aggravates on taking spicy, non-vegetarian food, beverages, on taking stress and relieves on taking oral medications for the same, and also weight loss of about 5-8kgs within a span of 2 months. For which she had approached C.S.I.

Holdsworth Memorial Hospital where relevant blood investigations was done and was tested as HbsAg positive and advised for UGI scopy & colonoscopy & histopathological studies and was diagnosed as Chronic diarrhoea with Dimorphic Anemia. For which conservative line of management was given along with 2 unit PRBC infusion was done and patient found temporary symptomatic relief. Patient was on continuous conservative management for the same on and off when symptoms occur till 2 years ago. As she experienced sudden mental trauma i.e., due to the death of her husband) 1 year ago, condition of the patient aggravated and had persistent altered bowel habits (around 8-10 episodes of loose stools/day) associated with gradual weight loss of about 15kgs within span of 2 years, later 6 months back, she visited Apollo hospital and was advised with Colonoscopy which showed Normal study and advised to oral medications. Also, complaints of blackish skin rashes over inner thighs, upper abdomen including both flanks associated with severe itching, burning sensation since 2 years, for which she had visited nearly allopathic hospital and took oral medications and local applicants for 15 days, condition used to aggravate on having sweets, curd intake and relieved on taking medications.

For all these above mentioned complaints, patient had approached our hospital for further management of the same.

History of past illness

- Childhood illness: Nil
- Adult illness:

Medical

1. Chronic Diarrhea x 5 years along with Dimorphic Anaemia
2. HbsAg positive status 5years ago, current report shows negative result
3. N/K/C/O DMT2, HTN, Thyroid dysfunction, cardio-pulmonary ailments.

Surgical - Nil

Psychiatric - Depression and anxiety episodes since the death of her husband

1. Allopathic Medicine

Medical - Was on Irregular medications since 5years

1. L-Doper 1-0-1 A/F
2. Amitriptyline 10mg 0-0-1 x 5days
3. Meva-C 1-0-1 X 3 days
4. Rifaximin 400mg 1-0-1 x 5days
5. Creon 10,000U 1-1-1 X 5Days

Surgery - Nil

2. Ayurveda Medicine

Medical - Nil

Surgical - Nil

3. Others - Nil

Family history

All family members are said to be healthy

Personal history

Ahara

Diet type - Mixed, stopped non vegetarian food intake since 5 years

- Breakfast @ 11:00 A.M - Upma, Dosa, Idli, Rice Bath, Kichadi
- Lunch @ 2 or 3 P.M- Ragiball, Rice, Sambar, Vegetable Palya
- Snacks- Coffee and Biscuit.

- Dinner 9 P.M - Chapathi, Sambar, Vegetable Palya, 1 glass of milk Untimely food intake.

Vihara - Sedentary

Vyasana - Tea on empty stomach once a day around 200ml since many years, stopped since 15 days.

Agni-Vishama - Altered since 5 years

Reduced appetite since 2 years *Nidra* - Disturbed since 2 years

Mootra - 5-6 times/day, once or twice/night, No pain / burning / excessive / incontinence / suppression during micturition.

Mala - altered (8-10 episodes of loose stools and evacuation of hard stools every 3 or 5 days once) since 5 years - no painful/ burning/ blood/ mucus/ suppression during defecation.

Vayu (Flatus) - Normal/ with sound/ bad smell/ suppression

Obstetric history

- G3P3L3A0D0
- FTND - 3 issues, LSCS- Nil
- 1st - Male child - 36 years
- 2nd - Male child - 34 years
- 3rd - Male child - 32 years
- B/L Permanent sterilization - 32 years ago
- No pregnancy induced complications

Menstrual History

- Age of Menarche - 14 years
- Regularity - regular since menarche till menopause
- No of days - 3-4 days/ 28-30 days
- Blood flow - Moderate bleeding
- Discomfort - Abdominal cramps, Pain in calf muscles, Lower back pain
- Menopause - at the years of 55
- History of other gynecological complaints - Nil

General Examination

- Nadi - *Vata-Pitta*
- P - 120/80mmhg
- PR - 78bpm, regular

- SPO2 - 98% @ RA
- Temperature - Afebrile
- Height - 149 cms
- Weight - 44kg
- BMI - 19.8 kg/m2 (normal)
- Built - Normal
- Nourishment - Poor

Ashta Sthana Pareeksha

- **Nadi** - *Vata- pitta*
- **Mala** - altered (8-10 episodes of loose stools and evacuation of hard stools every 3 or 5 days once) since 5 years
- **Mutra** - 5-6 times/day, once or twice / night
- **Jihwa** - *Lipta*
- **Shabda** - *Vikruta* (Bowel sounds heard extensively, tinnitus present occasionally)
- **Sparsha** - *Anushna-Sheeta*
- **Drik** - *Vikruta* - not able to see distant objects since 3 years
- **Akriti** - *Madhyama*

Systemic Examination

1. CNS - Conscious, Oriented, No FND
2. CVS - S1,S2 heard, no murmurs
3. RS - B/L NVBS heard, no added sounds
4. Musculoskeletal system:
Gait - normal
ROM of all the joints possible without pain
5. Gastrointestinal tract examination

On Inspection:

Shape of the abdomen - scaphoid
Skin over the abdomen - no discoloration
Symmetry - normal
Umbilicus - inverted
No dilated veins, visible mass, visible peristalsis, scars, sinuses

On Auscultation: Bowel sounds heard, no bruits

On Percussion: Tympanic, but dull in Right Hypochondriac region, No shifting dullness, no fluid thrill

On Palpation:

1. Superficial palpation:

Warmth - normal temperature
Tenderness - Absent
No Abdominal Guarding/ Rigidity

2. Deep palpation:
No tenderness in all 9 quadrants
No organomegaly, No Abdominal rigidity/guarding

Mental Status Examination

- General appearance and behaviour - Normal
- Speech - Normal
- Mood - Sad
- Thoughts - Anxious, overthinking. No delusions
- Perceptions - Normal. No hallucinations
- Insight - Present
- Judgement - Intact
- Cognition - Normal

Dashavidha Pareeksha

1. *Prakruthi* - *Shareerika* - *Vata-Pitta, Manasika* - *Rajas*
2. *Vikruthi* - *Dosha* - *Tridosha*
- A. *Dhatu* - *Rasa*
- B. *Mala* - *Pureesha*
3. *Sara* - *Avara*
4. *Samhanana* - *Avara*
5. *Pramana* - *Supramanitha*
6. *Satmya* - *Madhyama*
7. *Satva* - *Avara*
8. *Aahara Shakthi*-
- A. *Abhyavarana Shakthi* - *Avara*
- B. *Jarana Shakthi* - *Avara*
9. *Vyayama Shakthi* - *Madhyama*
10. *Vaya* - *Madhyama*

Previous Investigations

1. Histopathology - Large Report - dated on 9/3/2019

Impression:

- Sections from the duodenum show partial villous atrophy glands appear normal . Many chronic inflammatory cells seen. No granulomas/ parasites seen.
- Sections show bits of normal gastric mucosa

2. USG Abdomen Scan - dated on 5/3/2023

Impression:

- Few subcentemetric mesenteric lymph nodes in RIF region
- Otherwise essentially normal study

3. Colonoscopy Report - dated on 13/06/23

Impression: Normal Study

4. Vit B12 - on 1/3/2019 - 110pg/ml

5. AFP - on 14/06/23 - 2.19ng/ml

Table 1: Srotas Pareeksha

SN	Srotas	Lakshanas
1.	Pranavaha Srotas	-
2.	Annavaha Srotas	Anannabhilasha, Arochaka, Avipaka, Chardi
3.	Udakavaha Srotas	Jihwa-Oshta-Talu-Kanta Shosha, Atipravruddha Pipasa
4.	Rasavaha Srotas	Ashraddha, Aruchi, Asyavairasya, Hrillasa, Agninasha, Glani, Trishna, Hritpeeda, Shosha, Rukshata
5.	Raktavaha Srotas	Dadru, Twak Rukshata, Vaivarnya, Dourbalya, Kandu, Agnimandhya, Aruchi
6.	Mamsavaha Srotas	-
7.	Medovaha Srotas	Gala-Talu Shosha
8.	Asthivaha Srotas	Vivarnatha, Asthibheda
9.	Majjavaha Srotas	-
10.	Sukravaha Srotas	-
11.	Pureeshavaha Srotas	Sashabda-Sashoola- Atidrava- Atibahu
12.	Mutravaha Srotas	-
13.	Swedavaha Srotas	-

Vikruthi Pareeksha

Nidana - Untimely intake of food, Spicy food intake, non-vegetarian foods, Intake of tea on empty stomach, stress.

Poorvaroop - Reduced appetite, Improper digestion, Anorexia

Roopa -

- *Bala Kshaya* (generalized weakness)
- *Chira Anna Paka* (delayed digestion)
- *Vidaha* (burning sensation in chest region on and off)
- *Adhmana* (Bloating of abdomen)
- *Visuchika* (vomiting & diarrhoea occasionally simultaneously)
- *Kanta-Aasya-Shosha* (dryness of throat and mouth)

- *Muhur-Baddham, Muhur Dravam* - 8-10 episodes of loose stools and occasional evacuation of hard stools every 3 or 5 day once

Upashaya - on taking Oral medications

Anupashaya - taking spicy, non-vegetarian food, beverages, stress, untimely intake of food

Samprapti

Nidana Sevana (Untimely intake of food, Spicy food intake, non-vegetarian foods, Intake of tea on empty stomach, stress)

↓

Agnimandhya

↓

Vidagdhata of *Anna Rasa*

↓

Vidagdhata Anna Rasa enters into circulation

↓

Annavaha, Purishavaha, Rasavaha Sroto Dushti

↓

Pratyatma Lakshana of *Vataja Grahani* - *Punaha Punaha Varchah Srujana, Drava, Sushka, Tanu & Shabdha, Phena Mala Pravrutti, Kantaasyashosha, Trushna, Visuchika, Parikartika, Dourbalya, Avipaka, Asyavairasya, Adhmana, Karshyata, Manosada*

↓

Vataja Grahani Roga

Samprapthi Ghatakas

- *Dosha* - *Vata (Samana, Apana, Vyana), Pitta (Pachaka), Kapha (Kledaka)*
- *Dushya* - *Ahara Rasa, Rasa Dhatu, Rakta Dhatu.*
- *Upadhatu* - *Twacha*
- *Agni* - *Jataragnimandhya,*
- *Ama* - *Jataragnijanya*
- *Srotas* - *Annavaha, Purishavaha, Rasavaha, Raktavaha, Mamsavaha*
- *Srotodushti Prakara* - *Sanga, Atipravrutti, Vimarga gamana*
- *Udbhava Sthana* - *Amashaya*
- *Sanchara Sthana* - *Pakshashaya*
- *Vyaktha Sthana* - *Guda*
- *Adhisthana* - *Grahani*
- *Rogamarga* - *Abhyantara, Bahya*
- *Vyadhi Swabhava* - *Chirakari*

Diagnostic Criteria

- The case was diagnosed as *Vataja Grahani* based on the presence of symptoms explained in our classics.[11]
- The case was diagnosed as Irritable Bowel Syndrome using Rome IV Criteria[12] as well as Manning's criteria[13] and both *Grahani* as well as IBS had some sort of similarities in the symptomatology manifested.

Table 2: Rome IV Criteria[12]

Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following criteria	Criteria satisfied by the patient
1. Related to defecation	Yes
2. Associated with a change in the frequency of stool	Yes
3. Associated with a change in the form (appearance) of stool	Yes

Table 3: Manning's Criteria[13]

Manning Criteria	Criteria satisfied by the patient
Looser Stools at pain onset	Yes
More frequent stools at pain onset	Yes
Pain relief with defecation	Yes
Visible abdominal distension	Yes
Mucus per rectum	Yes
Feeling of incomplete evacuation	Yes

Table 4: Treatment Plan

SN	Name of the procedure	Treatment medicine	No. of days given
1.	Sarvanga Kashaya Seka	Panchavala Kwatha + Yashtimadhu Churna + Triphala Churna + Neem leaves with Bruhat Marichadi Taila and Yashtimadhu Taila	For 5 days From (1-9-2023 to 5-9-2023)
2.	Sarvanga Abhyanga followed by Nadi Sweda	Yashtimadhu Taila	For 2 days From (6-9-2023 to 7-9-2023)
3.	Takra Basti		For 8 days From (4-9-2023 to 11-9-2023)

Ingredients of Takra Basti

Anuvasana Basti

- *Dadimadi Ghrita* (100ml)

Niruha Basti

- *Takra* - 300ml
- *Yashtimadhu Churna* - 5g at 12:30pm before lunch
- *Shatavari Churna* - 5g

- *Dadimadi Ghrita* (100ml)
- Honey - 30ml

4/9/23	5/9/23	6/9/23	7/9/23	8/9/23	9/9/23	10/9/23	11/9/23
A	N	A	N	A	N	A	A

Table 5: Oral Medication

SN	Medicine	Dose with Anupana	Time
1.	Syrup Mannol	10ml -10ml-10ml	After food
2.	Kutajaghanavati	(2-2-2) with warm milk	After food
3.	Punarnava Mandura	(1-1-1) with Takra	After food
4.	Kutajarishtha	(15ml-15ml-15ml) with 30ml warm water	After food
5.	Dadimashtaka Churna	(5g) with 1 glass of Takra (5g-0-0)	After food
6.	Limiron granules	¼ tsp with milk at 8pm	After food

Table 6: Advice on discharge

SN	Medicine	Dose with Anupana	Time
1.	Syrup Mannol	10ml -10ml-10ml	After food
2.	Kutajaghanavati	(2-2-2) with warm milk	After food
3.	Punarnava Mandura	(1-1-1) with Takra	After food
4.	Kutajarishtha	(15ml-15ml-15ml) with 30ml warm water	After food
5.	Dadimashtaka Churna	(5g) with 1 glass of Takra (5g-0-0)	After food
6.	Limiron granules	¼ Tsp with milk at 8pm	After food

Observations and Results

Table 7: Parameters before and after treatment.

Symptoms (Parameters)	Before Treatment	After treatment
		After 11days
Frequently passing Liquid Stool (Muhurdrava Mala Pravruithi)	8 - 10 times/day	1-2 times/ day
Repeated passing of Stool (Muhur Muhur Mala Pravruithi)	8 - 10 times/day	1-2 times/ day
Consistency (Guruta)	Watery	Semisolid
Mucous in stool (Amayukta Mala)	Present	Absent
Abdominal Discomfort (Udara Shoola)	Moderate	Absent
Sense of incomplete evacuation (Feeling of Mala Badhata)	Present	Absent
Mental status	Low moods and overthinking present	Mood have improved and overthinking have reduced upto 50%
Weight	44kg	46kg

Table 8: Irritable Bowel Syndrome (IBS) Severity Score[14]

SN	Questionnaire with scoring	Before Treatment	After treatment
1.	How severe has you has your abdominal (tummy) pain been over the last ten days? <ul style="list-style-type: none"> ▪ no pain - 0, 1 ▪ not very severe - 2,3,4 ▪ quite severe - 5,6, ▪ severe - 7,8 ▪ very severe - 9,10 	5	2
2.	On how many of the last 10 days did you get pain? _____ number of days with pain	5	0
3.	How severe has your abdominal distension (bloating, swollen or tight) been over the last ten days? <ul style="list-style-type: none"> ▪ no distension - 0, 1 ▪ not very severe - 2,3,4 ▪ quite severe - 5,6, ▪ severe - 7,8 ▪ very severe - 9,10 	5	2
4.	How satisfied have you been with your bowel habit (frequency, ease, etc) over the last ten days? <ul style="list-style-type: none"> ▪ Very Happy - 0, 1,2 ▪ Quite Happy - 3,4 ▪ Unhappy - 5,6,7 ▪ Very Unhappy - 8,9,10 	10	2
5.	How much has your IBS been affecting/interfering with your life in general over the last ten days <ul style="list-style-type: none"> ▪ Not at all - 0, 1,2 ▪ Not much - 3,4 ▪ Quite a lot - 5,6,7 ▪ Completely - 8,9,10 	9	3
6.	Wherwell et al's classification of IBS severity using this scale was: <ul style="list-style-type: none"> ▪ in remission - less than 7.5 ▪ mild -7.5 to 17.5 ▪ moderate - 17.5 to 30 ▪ severe - more than 30 	34	9
Total			

Results

After 11 days of therapy with internal medication, she got significant relief in complaints like altered bowel habits, Low mood and there was increase in weight by 2 kg. Clinical assessments were made from the subjective symptoms & irritable bowel syndrome (IBS) Severity Score. Before the treatment score was 34 and after the treatment there was a marked improvement in the symptoms of the patient and the score was 9. Thus, there was a remarkable reduction in the signs and symptoms and quality of life of the patient was improved.

Discussion

Based on the history given, signs & symptoms, clinical examination & diagnostic criteria for assessing the severity, case was diagnosed as *Vatajagrahani* w.s.r. to IBS & the treatment was planned and was managed using treatment principles of *Grahani Roga* which includes - *Deepana*, *Ama Pachana*, *Anuvasana Basti*, *Virechana*, *Niruha Basti*, *Nitya Ghritapana* and *Shamaushadhi's*.

Role of *Takra Basti* in *Grahani*

Takra possesses *Deepana*, *Grahi* and *Laghu Guna's*, it is highlighted as the best *Oushadhi Dravya* in the management of *Grahani Roga* by almost all the classical textbooks of Ayurveda.[15] *Takra* can be correlated with butter milk, which is rich in potassium, phosphorus, Vitamin B12 and riboflavin. Riboflavin the key ingredient mainly helps in complete digestion of carbohydrates, proteins and fat. Acharya Charaka explains *Takra* as *Basti Dravya* under *Amlaskanda* which is one among *Shad Asthapana Skanda*. [16,17] Acharya Sushruta has mentioned *Takra* as *Avapa Dravya* for *Grahi Basti*. [18] *Basti Chikitsa* is one of the *Shodhana Chikitsa* which is explained in *Panchakarma* which possess evacuatory, nourishing as well as *Deepana* qualities. [19] Along with this, *Basti Karma* is considered to be superior among *Panchakarma* due to its wide applicability in various conditions in various forms. Hence, *Takra Basti* which is also classically mentioned in the *Chikitsa* of *Grahani*[20] gives very good relief in its symptoms.

Dadimadi Ghrita for *Anuvasana Basti*

Dadimadi Ghrita contains - *Dadima*, *Dhanyaka*, *Chitraka*, *Sringabera*,

Pippali Dravyas - which possess *Laghu*, *Ruksha* and *Teeksha Guna*, *Katu*, *Tiktha*, *Amla* and *Madhura Rasa*. *Mandagni* is a predominant feature of *Grahani Dosha* which results in *Ama* formation and in turn may lead to *Shuktapaka*. *Dadimadi Ghrita* has properties like *Katu*, *Madhura*, *Kashaya Rasa*, *Katu Vipaka*, *Laghu*, *Ruksha* and *Tikshna Guna* which are capable of combating the *Ama* and prevent the formation of *Shuktapaka*. By this function the *Dadimadi Ghrita* helps in bringing down the vitiation of *Rasadi Dhatus*. It also nourishes the *Rasadi Dhatus*. These properties of the *Ghrita* also reduce the colonic motility and there by decreases the *Ama Mala Pravrutti*. Thus, *Dadimadi Ghrita* acts on disease *Grahani Dosha* and helps to overcome disease process and provides beneficial action.[21] *Yashtimadhu Churna* and *Shatavari Churna* given in *Basti* acts as *Vatapitta Shamaka* and *Jatagnivardhakara* and *Pushtidayaka*. [22]

Sarvanga Abhyanga is the application of any *Sneha Dravyas* all over the body. *Abhyanga* makes the body *Mridu*, controls *Vata* and *Kapha*, and does *Poshana* to *Dhatus*; it also provides good *Varna* and *Bala* to the body. *Yashti Madhu Taila* acts as *Varnya* and helps to reduce *Rakta* and *Pitta Dushti*. [23]

Sarvanga Kashaya Seka was done using (*Panchavala Kwatha* + *Yashtimadhu Churna* + *Triphala Churna* + *Neem leaves* with *Bruhat Marichadi Taila* and *Yashtimadhu Taila*) help to increase local blood circulation. Local deranged *Doshas* are brought to normalcy. *Kashaya Seka* might have helped the active principles to enter the *Twakgata Dhamanis*, which are connected to *Romakupa* and *Swedavaha Srotas* there, by absorbing and transferring to the deeper layers with the help of *Bhrajaka Pitta*. [24]

Syrup Mannol contains *Ela*, *Nagakeshara*, *Tamala Patra*, *Vasadi Dravyas* which reduces oxidative stress and increases immunity. [25]

Kutaja Arishta contains *Kutaja* which has *Tikta* & *Kashaya Rasa*, *Sheeta Veerya*, *Katu Vipaka* and possess *Deepana*, *Stambhana*, *Pittakapha Shamaka* properties. According to *Charakacharya*, *Kutaja* is considered as best (*Agrya Dravya*) for *Sangraahi* and *Upashoshana Karma*. Due to above properties *Kutaja* stimulates *Agni*, leads to remove *Ama* (toxin) formation by proper digestion of food and *Ama*. Due to *Tikta* & *Kashaya Rasa*, *Ruksha Guna* and *Sheeta Veerya*, it pacify the *Kapha* & *Pitta Dosha*. [26,27]

As the patient was anemic **Punarnavamandura** was given, which is one of the Herbo mineral preparation which contains *Triphala*, *Trikatu*, *Chitraka*, *Vidanga* and *Pippalimula* which has *Deepana* and *Amapachana* property which helps in improving the digestive fire, which ultimately helps in absorption of the drug. *Haridra*, *Amalaki*, *Pippali*, *Punarnava* and *Trivrit* were mentioned as *Panduhara*, *Amalaki*, *Danti*, *Pippali*, *Punarnava*, *Kushtha* and *Daruharidra* are documented as drugs which are having immunomodulator and antioxidant properties having the potential of providing beneficial health effects in anaemia. *Amalaki* is a rich dietary source of Vitamin C, a powerful water-soluble antioxidant, helps in increasing iron absorption from the gut. *Mandura Bhasma* (incinerated form of iron - Fe2O3), by virtue of *Rasa* and *Guna*, pacifies aggravated *Pitta* and maintains the normalcy thereby improving the digestion and metabolism. The ferric and ferrous fractions of *Mandura* provide sufficient iron needed for normal erythropoiesis.[28]

Dadimashtaka Churna pacifies *Agni*, regulates *Jataragni*. Its *Katu* and *Tikta Rasa* pacifies vitiated *Kapha* while *Ushna Veerya* pacifies *Vata Dosha*. *Teekshna* and *Ushna Veerya* stimulates *Agni*. *Katu Vipaka* and *Ushna Veerya* of the formulation having *Amanashaka* and *Laghuta* property which maintain normal state Of *Rasa Dhatu* initially and *Raktadi Dhatus* consequently.[29]

As the Patient was Anaemic and was having general debility, **Limiron Granules** was given, mainly contain *Kukkutanda Twak Bhasma*, *Vidarikanda*, *Shatavari* and *Kharjura* having anti-oxidant properties which reduces the oxidative stress and help to improve the process of hemopoiesis and helps to stabilize the membrane of RBCs and hence improving the life span and membrane stability of RBCs. In addition, these drugs help to maintain the growth of RBCs.[30]

Conclusion

Among all the types of *Grahani Roga*, *Vataja Grahani* is reasonably similar to the symptoms of Irritable Bowel Symptoms (IBS). In spite of recent advances in the western medicine, the treatment of IBS is mere symptomatic, but the symptomatic management of any disorder is incomplete as it cannot break the chain of pathogenesis.

Hence considering this lacunae, Ayurvedic treatment using *Takra Basti*, external *Panchakarma* procedures along with proper *Shamanaushadhi's* provided a very satisfactory result in the managing all the presenting complaints in the above discussed *Vataja Grahani* case. But the effect of the treatment protocol adopted in this case can be ascertained and explored further only if the study is conducted on larger samples.

References

1. Agnivesha, Charaka Samhita, Ayurveda Deepikatika of Chakrapani. Varanasi: Chaukhamba Surbharati Prakashan; 2011. Sutra Sthana, 11th chapter; 35(738): 74. . [Crossref][PubMed][Google Scholar]
2. Murthy Srikanta KR. Susrutha Samhita. Varanasi: Chaukhamba Orientalia; 2012. Sutra Sthana, 46/3; p. 370 [Crossref][PubMed][Google Scholar]
3. Trikamji Y. Charaka Samhita. Varanasi: Chaukhamba Sanskrit Sansthan; 2011. Sutra Sthana, 27/349-350; p. 174 [Crossref][PubMed][Google Scholar]
4. Tewari PV. Kashyapa Samhita. Varanasi: Chaukhamba Visvabharati; 2016. Khila Sthana, 4/3-6; p. 468 [Crossref][PubMed][Google Scholar]
5. Kashinath Shastri. Charak Samhita. Vol-1. Varanasi: Chaukhamba Bharti Academy; 2011. Chikitsa Sthana, 15/51-52; p. 461 [Crossref][PubMed][Google Scholar]
6. Vidyotini Hindi Commentary by Kaviraj Atridev Gupta edited by Vaidya Yadunandana Upadhyaya. Astang Hrdayam of Vagbhata. Varansi: Chaukhamba Prakashan; 2012. Sutra Sthana, 12/8; p. 121 [Crossref][PubMed][Google Scholar]
7. Agnivesha, Charaka Samhita, Ayurveda Deepikatika of Chakrapani. Varanasi: Chaukhamba Surbharati Prakashan; 2011. Chikitsa Sthana, 15th chapter, Sloka No. 56-57; p. 462 [Crossref][PubMed][Google Scholar]
8. Vagbhatta. Astanga Hridaya, Chikitsa Sthana, Grahani Dosha Chikitsa Adhyaya edited by Y. Upadhyaya. Varanasi: Chaukhamba Prakashan; 2012. 10/1 [Crossref][PubMed][Google Scholar]

9. Shrivastava Y, Kumar A, Singh SK. Ayurvedic Review of Grahani w. s. r to IBS. *World J Pharm Med Res.* 2021;7(4):138-143 [Crossref][PubMed][Google Scholar]
10. Patel N, Shackelford KB. Irritable Bowel Syndrome. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: [Article][Crossref][PubMed][Google Scholar]
11. Kashinath Shastri. Charak Samhita. Vol-1. Varanasi: Chaukhambha Bharti Academy; 2011. *Chikitsa Sthana*, 15/59-64; p. 472 [Crossref][PubMed][Google Scholar]
12. The Rome Foundation. Rome IV Criteria. Available from: <https://theromefoundation.org/rome-iv/rome-iv-criteria/>. [Crossref][PubMed][Google Scholar]
13. National Center for Biotechnology Information. PMC. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4532078/> [Crossref][PubMed][Google Scholar]
14. National Institute of Diabetes and Digestive and Kidney Diseases. Available from: https://repository.niddk.nih.gov/media/studies/ibsos/Forms/IBSOS_IBS.Symptom.Severity.Scale_IBSSSS_Form.pdf [Crossref][PubMed][Google Scholar]
15. Kashinath Shastri. Charak Samhita. Vol-1. Varanasi: Chaukhambha Bharti Academy; 2011. *Chikitsa Sthana*, 15/117-120 [Crossref][PubMed][Google Scholar]
16. National Center for Biotechnology Information. PubMed. Available from: <https://pubmed.ncbi.nlm.nih.gov/29262062/> [Crossref][PubMed][Google Scholar]
17. Kashinath Shastri. Charak Samhita. Vol-2. Varanasi: Chaukhambha Bharti Academy; 2011. *Sidhi Sthana*, 10/44-45 [Crossref][PubMed][Google Scholar]
18. Kashinath Shastri. Charak Samhita. Vol-2. Varanasi: Chaukhambha Bharti Academy; 2011. *Vimana Sthana*, 8/140 [Crossref][PubMed][Google Scholar]
19. Murthy Srikanta KR. Susruta Samhita. Varanasi: Chaukhambha Orientalia; 2012. *Chikitsa Sthana*, 38/87. [Crossref][PubMed][Google Scholar]
20. Kashinath Shastri. Charak Samhita. Vol-1. Varanasi: Chaukhambha Bharti Academy; 2011. *Sidhi Sthana*, 1/27 [Crossref][PubMed][Google Scholar]
21. Murthy Srikanta KR. Susruta Samhita. Varanasi: Chaukhambha Orientalia; 2012. *Uttara Tantra*, 40/178. [Crossref][PubMed][Google Scholar]
22. Das A, Saritha S. From the Proceedings of Insight Ayurveda 2013, Coimbatore, 24th and 25th May 2013. PA03. 17. A clinical evaluation of Punarnavadi Mandura and Dadimadi Ghrita in management of pandu (Iron deficiency anemia). *Anc Sci Life.* 2013 Jan;32(Suppl 2):S86. doi: 10.4103/0257-7941.123914. PMID: PMC4147561 [Crossref][PubMed][Google Scholar]
23. Chuneekar KC. Bhavaprakash Nighantu: Haritakyadi Varga. Varanasi: Chaukhambha Bharti Academy; 2015. p. 62 [Crossref][PubMed][Google Scholar]
24. Acharya Sushruta. Sushruta Samhita, Sri Dalhanaacharya Virachita Nibandasangraha and Nyayachandrika Panjika of Sri Gayadaasacharya on Nidanasthana, Chikitsa Sthana 24th chapter, edited by Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya. Varanasi: Chaukhambha Sanskrit Sansthan; 2013. p. 488 [Crossref][PubMed][Google Scholar]
25. Kulkarni S, Fathima SA, Naveen BS. To evaluate the efficacy of Jalaukavacharana followed by Khadira Prayoga in Vicharchika w. s. r to Eczema. *J Ayurveda Integr Med Sci.* 2017;2(4):19-25 [Crossref][PubMed][Google Scholar]
26. Charak Pharmaceuticals. Mannol Syrup. Available from: <https://www.charak.com/> [Crossref][PubMed][Google Scholar]
27. Sharma PV. Dravya Guna-vijnana. Vol-2. Varanasi: Chaukhambha Bharti Academy; 2012. *Chapter no-5*; p. 465 [Crossref][PubMed][Google Scholar]
28. Sharma P. Charak Samhita. Vol-1. Varanasi: Chaukhambha Orientalia; 2011. 25/40; p. 168 [Crossref][PubMed][Google Scholar]
29. Samal J, Dehury RK. A Review of Literature on Punarnavadi Mandura: An Ayurvedic Herbo-Mineral Preparation. *Pharmacognosy Journal.* 2016;8(3):180-184. [Crossref][PubMed][Google Scholar]

30. Raskar, Swapnil & Toshikhane, Hemant & Taklikar, Shreehari. (2021). Limiron Granules for Iron Deficiency Anemia in School going Children. *Journal of Pharmaceutical Research International*. 33(46B). 80-89. 10.9734/JPRI/2021/v33i46B32918 [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.