

A Case Report on the Treatment of Irritable Bowel Syndrome (IBS) in Ayurveda

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ABSTRACT

Introduction:

Chronic functional bowel disorder known as irritable bowel syndrome is characterized by symptoms of stomach pain and/or discomfort along with irregular bowel movements. Despite the fact that several IBS biomarkers have been identified, research is still being done to improve their sensitivity, specificity, and validity to distinguish between IBS and subtypes of IBS. In conventional medical systems, it is treated with laxatives, prosecretory drugs, antispasmodics, tricyclic antidepressants (TCAs), and selective serotonin reuptake inhibitors (SSRIs). Based on its symptomatology, IBS and Grahani in Ayurveda can be connected. Due to the body's Agni (digestive components) being reduced in Grahani illness, there are abnormalities in digestion, food assimilation, and bowel motions.

Case Report:

In this case report, we attempt to cure a 38-year-old male patient who is experiencing weight loss, Udarashool, and Muhurbaddha Muhurdrava symptoms. Ayurvedic psychological counseling and a few oral medications, including Bilvadi Vati, Panchamrit Parpati, and panchakarma procedures, including basti (therapy enema), shirodhara (therapeutic oil-streaming over forehead), were used to treat the patient who had been diagnosed with Grahani/IBS. After 51 days of treatment, the patient displayed a 75% improvement in the passage of loose and constipated stools, a 75% improvement in abdominal distension, a 100% improvement in appetite, and a 100% improvement in the passage of mucus in stools.

Keywords: *Agni, Ayurveda, Basti, Grahani, IBS, Shirodhara,*

INTRODUCTION

IBS is a persistent functional bowel disorder defined by symptoms of stomach pain and/or discomfort along with abnormal bowel habits.¹ IBS's precise cause is still a mystery.^{2,3,4} However, a number of factors, including as food, intestinal microbiota, genetic predisposition, and low-grade mucosal inflammation, have been linked to the pathophysiology of IBS symptoms. IBS is widespread; it has an estimated 11.2% global prevalence.⁵ A significant majority of patients might not get a formal diagnosis of IBS because the condition has several symptoms and because clinical practitioners are not aware of the diagnostic criteria.⁶ In most populations, women report IBS at a rate that is 1.5–3 times higher than that of men.^{7,8} In conventional medical systems, it is treated with laxatives, prosecretory substances, antispasmodics, tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), and psychosocial therapies.^{9,10,11,12}

One of the Mahagadas is the Grahani Dosha.¹³ It is connected to digestive issues, and the prevalence of Grahani has grown in the contemporary environment as a result of poor dietary practices, an erratic lifestyle, stress, and environmental factors.¹⁴ The power of Agni supports the Grahani portion of the intestine's ability to operate.

Due to Agni's weakening under abnormal physiological circumstances, Grahani becomes vitiated and discharges undigested food. Overall, this encourages the production of Ama, which results in Grahani Dosha.¹⁵ Thus, it produces symptoms as Muhurbaddha Muhurdrava Mala (alternate loose and constipated stool), Udarashoola (pain abdomen), Trushna (thirst), Arochaka (tastelessness), Asyavairasya (inability to perceive taste), Praseka (excessive salivation), Shoon Padakara (edema over hands and feet), Asthiparva Ruk (pain at joint and bone), Chardan (vomiting), Jwara (fever) and Louhagandhi Amlaudgara (iron smelling pungent odor burps).¹⁶

Despite the existence of guidelines for treating IBS, patients are reported to only experience relief from priority symptoms like diarrhea, constipation, and abdominal pain. Lower priority symptoms, however, which are also important for overall wellbeing like fatigue, are not resolved in many patients. Although the gut-brain axis is known to be impaired in IBS, its therapeutic value has not yet been established.^{17,18} Therefore, this case study is an honest attempt to examine the impact of gut therapy employing Basti and mind-body therapy, such as Shirodhara and Ayurvedic counseling, combined with straightforward patient education regarding the patient's medical situation, in treating IBS.

CASE REPORT

A 38-year-old male patient was admitted to the Inpatient Department (IPD) of the Kayachikitsa and Manasaroga Department of the SDM College of Ayurveda and Hospital, Udipi (SDMAHU). He complained of abdominal pain, frequent loose stools (up to 10 per day and 4-5 per night), and occasional constipation. He appeared to be in good health up until the age of 11. After then, he experienced constant mental tension as a result of many life events.

He then began to experience abdominal bloating, a burning feeling in the epigastric area, nausea, and vomiting. The bloating of the belly has gotten worse over the past three years, coupled with passing motions 5-8 times per day that were loose in substance and occasionally alternated with constipated feces. Before arriving to our hospital, he had seen a gastroenterologist for all of these issues and had been taking Tab. Mesalazine 1.6 gm TID, Tab. Prednisolone 40 mg OD, Mesalamine suppositories 500 mg BD, and Tablet Pantoparazole 500 mg OD for 6 months with no improvement. His adverse effects from the medication included the development of ulcers at the mucosa of various areas of his gastrointestinal tract, such as the terminal ileum, rectum, etc. These symptoms continued to deteriorate as well. He therefore arrived to be admitted after learning about this facility from his cousin. Patient had pallor, was hyposthenic, and was malnourished. His blood pressure was 110/70 mm of Hg, his respiration rate was 22 per minute, and his pulse rate was 76 beats per minute. Prior to admittance, he weighed 53 kilograms, and one year prior, 68 kg. He had an 18.33 BMI, or body mass index. All abdominal regions were supple and tender. Regular stool inspection revealed undigested food particles. He didn't eat vegetarian food and had a smaller appetite. His urination was less frequent—barely once or twice daily and in smaller amounts. His rest was interrupted. His blood tests revealed that his packed cell volume (PCV) was 25.7%, his erythrocyte sedimentation rate (ESR) was 34 mm/hour, and his hemoglobin level (Hb) was 9 g/dl. His HBsAg and HIV tests came back negative.

Treatment

Internal medications, Basti, Shirodhara, and Ayurvedic psychological counseling were used to treat the patient. For 51 days, the following oral medications were given:

- *Sankha Vati* one tablet three times a day before food with lukewarm water
- *Mustakarishtha* (10ml) and *Kutajarishtha*(10ml) with 20 ml of water after food three times a day
- *Bilvadi Vati* one tablet three times a day after food with normal water
- *Dadimastaka Choorna* one teaspoon twice a day after food with honey
- *Panchamrita Parpati* 125 mg twice a day before food with normal water
- *Kalyanak Ghrita* one teaspoon once a day before food at morning with lukewarm water

The following *Panchakarma* procedures were done for 16 days:

- *Pichha Basti* followed by *Matra Basti* in which *Pichha Basti* had these constituents:
 1. *Mocharasa (Salmalia malabarica (DC.))* -50 gm
 2. *Godugdha* (Cow milk) -2 litres
 3. *Goghrita* (Cow ghee) -80 ml 4. *Tila Taila (Sesamum indicum L.)* -20 ml 5. *Yesthimadhu Kalka (Glycyrrhiza glabra L.)* -40 gm. While *Matra Basti* was given with *Yesthimadhu Taila*.
- *Shiro dhara with Ksheera Bala Taila*

RESULTS

The evaluation was conducted using a scale that was created based on the primary Grahani symptoms and reviewed by specialists in the same profession. Assessments were carried out before the treatment began (0th day), at the end of the *Panchakarma* treatments (21st day), and during the follow-up period of one month following discharge. The patient's different blood test results improved after receiving IPD treatment for 21 days.

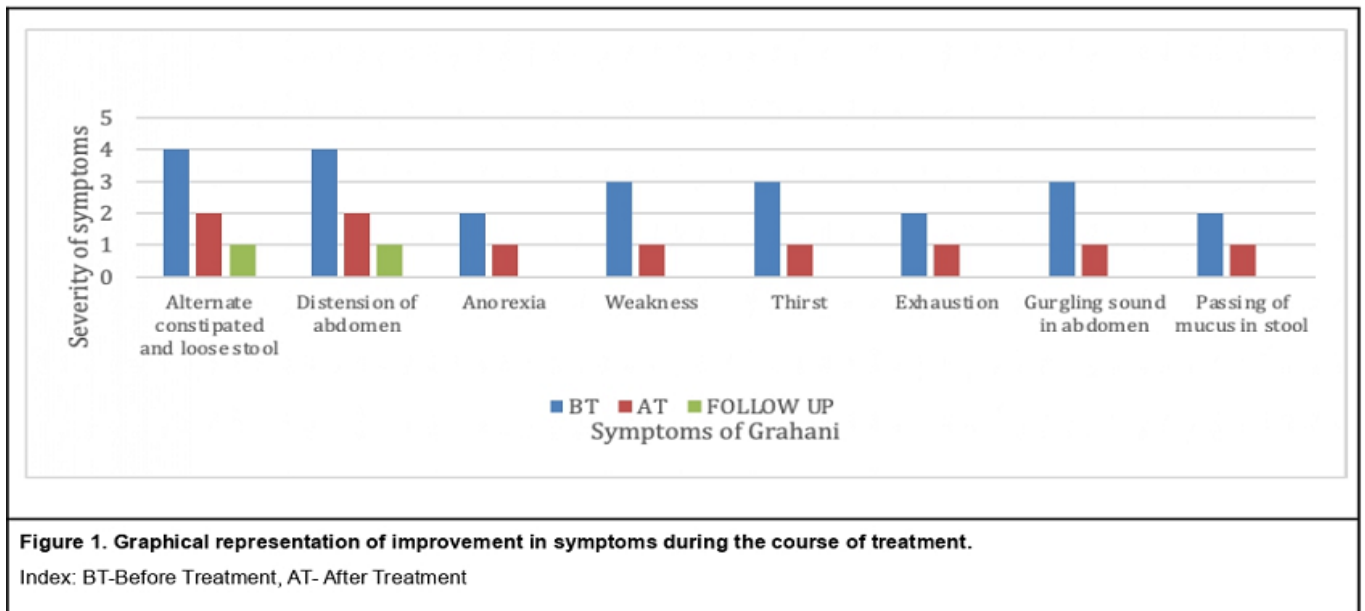
Results were as: Hb was 10.5 gm%, and PCV was 32.8%. The patient described a slow improvement in altered bowel habits, mucus-filled stool, abdominal pain, indigestion, and heaviness, as well as fatigue and weakness. He had put on 2 kg by the time he was discharged. The changes in the signs and symptoms were evaluated using appropriate scoring techniques, and the objective signs were evaluated using approved clinical equipment.

Clinical evaluation found 50% and 75% relief from altered bowel habits, 50% and 75% relief from abdominal distension, 50% and 100% relief from anorexia, 50% and 100% relief from weakness, 66.6% and 100% relief from thirst, 50% and 100% relief from exhaustion, 66.6% and 100% relief from gurgling sounds in the abdomen, and 50% and 100% relief from passing mucus in stool, respectively, on the 21st and 51st day after the treatment. (Table 1) (Figure1)

| Table 1. Grading of the clinical features before and after the treatment | | | | | | |
|--|--|---|----|----------|----------|----------|
| Clinical Features | Grading | | BT | AT | | |
| | | | | 21st day | 51st day | % Relief |
| Muhurbaddha, Muhurdrava Mala (Episode of | Passing normal consistency stool (1time/day) | 0 | 4 | 2 | 1 | 75% |
| | Passing stool irregular (1-2 | 1 | | | | |

| | | | | | | |
|--------------------------------------|---|---|---|---|---|------|
| constipated loose stools) | & times/day) without pain | | | | | |
| | Passing stool irregular (2-3 times/day) with pain | 2 | | | | |
| | Passing stool irregular & just after meal (3-4 times/day) with pain | 3 | | | | |
| | Passing stool irregular & just after meal (>4times/day) with pain | 4 | | | | |
| Distension of abdomen (Anaha) | No complaint | 0 | 4 | 2 | 1 | 75% |
| | Rarely complaint once in a week | 1 | | | | |
| | Distension of abdomen after taking meal up to 1 hour | 2 | | | | |
| | Distension of abdomen after taking meal up to 1-3 hours | 3 | | | | |
| | Distension of abdomen after taking meal up to 6 hours | 4 | | | | |
| Aruchi (Anorexia) | Taking normal diet with interest | 0 | 2 | 1 | 0 | 100% |
| | No interest in taking normal diet | 1 | | | | |
| | Food taken forcefully | 2 | | | | |
| | Food not taken even after forcing | 3 | | | | |
| Balakshaya (Weakness) | No weakness | 0 | 2 | 1 | 0 | 100% |
| | Weakness but performs day to day activities | 1 | | | | |
| | Weakness & difficulty in performing day to day activities | 2 | | | | |
| | Not able to get up from bed | 3 | | | | |
| Trushna (Thirst) | Normal thirst | 0 | 3 | 1 | 0 | 100% |
| | Mild thirst, takes water frequently | 1 | | | | |
| | Thirsty all the time and takes water in adequate amount | 2 | | | | |
| | Excessive thirst, never satisfied after taking a good amount of | 3 | | | | |

| | | | | | | |
|--|---|---|---|---|---|------|
| | water | | | | | |
| Klama (Exhaustion) | No exhaustion | 0 | 2 | 1 | 0 | 100% |
| | Exhaustion with moderate work | 1 | | | | |
| | Exhaustion with mild work | 2 | | | | |
| | Exhaustion without effort | 3 | | | | |
| Antrakunjana (Gurgling sound in abdomen) | No complaint | 0 | 3 | 1 | 0 | 100% |
| | Occasionally | 1 | | | | |
| | 2-3 times/day before passing stool | 2 | | | | |
| | Persistent | 3 | | | | |
| Apakva Malapravritti (Passing mucus in stool) | No visible mucus in stool | 0 | 2 | 1 | 0 | 100% |
| | Visible mucus in the stool | 1 | | | | |
| | Passage of mucus with frequent stool | 2 | | | | |
| | Passage of large amount of mucus in stool | 3 | | | | |



DISCUSSION

According to the Rome III Diagnostic Criteria for IBS, diarrhea-predominant IBS (IBS-D) was diagnosed because the patient had loose or watery stools in more than or equal to 25% of bowel movements while having hard or lumpy stools in fewer than 25% of bowel movements.¹⁹ While Grahani

was identified as having the Grahani Dosh since all of the traditional symptoms were present.²⁰ Grahani Dosh is characterized by Agnimandya. Therefore, for its management, the usage of Laghu, Supachya Ahara (easily digestible food) and medications with Deepana and Pachana (digestion and metabolism promoting) characteristics is essential.²⁰ *Cyperus rotundus* L., known as Mustha in Mustakarishtha, is an Agrya Dravya for Sangrahi, Deepana, and Pachana action. Additionally, it eases the flatus (Koshta Gata Vata) and reduces abdominal distension.²¹ With its pungent qualities, Kutaja (*Holarrhena antidysenterica* Wall.) in Kutajarishtha contains alkaloids such Kurchi bismuth iodide and conessine that are used to treat gastrointestinal issues. Additionally, it has anti-diarrheal and anti-dysentery properties. The most typical indicator of Shankha Vati²² is Udarashoola.²³ Due to the Pachana and Sangrahi activity in Dadimashtaka Choorna and Panchamrita Parpati, the taste, digestion, and frequency of bowel movements are all improved, which alleviates bowel symptoms.^{24,25} Infants with gastric irritation, diarrhea, dysentery, dyspepsia, gastralgia, palpitations, seminal weakness, uropathy, vomiting, and intermittent fever respond favorably to bilvadi vati.²⁶ In order to protect neurons from damage brought on by oxidative or nitrosative stress sources in the brain, Kalyanaka Ghrita aids, which may lead to a remission of depression or anxiety symptoms.²⁷

Pichha Basti was chosen for the treatment of Grahani (IBS) in this study. Due to its picchil (slimy) characteristics, Piccha Basti has earned its name. This characteristic has a healing impact on ulcers. Due to its contents, it is also Agnideepak and Sangrahi.²⁸ Yashtimadhu is Vatanulomak (appropriate flatus, urine, and stool evacuation) and Vranropak (wound healing).²⁹ We chose Shiro Dhara as a treatment because IBS is a psychosomatic condition and is known to have stress-relieving properties. After his father passed away and he had to assist run the family, the patient had been experiencing stress since he was a little child. It has been hypothesized that the physio-psychological benefits of Ksheera Bala Taila may include relaxing due to somato-autonomic reflex through thermosensors in the skin or hair follicles via the trigeminal cranial nerve.³⁰ On alternating days, patients received psychological counseling as well. As a result, all of the significant Lakshanas (symptoms) such as "Muhur Muhur Mala Pravritti, Muhur Badda Muhur Drava Mala Pravritti, Amayukta Mala Pravritti, and Udarashoola" diminished.

CONCLUSIONS

According to the study's findings, ayurvedic medicine can effectively treat symptoms like Muhurbaddhamuhurdrava Mala (alternate passage of obstructed and loose bowel), as well as the distension of the abdomen in Grahani/IBS. Throughout the trial period, no negative medication or procedure reactions were observed. In order to get more reliable information on the effectiveness of this medication in the management of IBS, additional studies comparing it with a standard control medicine should be conducted with multicentric high sample numbers.

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Source of Support: Nil



Conflict of Interest: None Declared

Consent: The consent was signed by the patient