

MANAGEMENT OF IBS - A PSYCHOSOMATIC DISORDER**Yogita Bisht¹, Prof. Rajni Sushma²**

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ABSTRACT

Irritable bowel syndrome is a functional bowel disorder in which abdominal pain is associated with defecation or a change in bowel habit. IBS is the most common cause of gastrointestinal referral and accounts for frequent absenteeism from work and impaired quality of life. The exact cause of IBS is unknown, but it is thought to be related to increased sensitivity of the gut and problems digesting food. Psychiatric illness or anxiety precedes IBS symptoms in two-thirds of patients. There is a growing evidence that alterations of gut microbiota is associated with the intestinal manifestations of IBS, but also with the psychiatric morbidity that coexists in up to 80% of patients with IBS. No specific laboratory or imaging test can be performed to diagnose irritable bowel syndrome. Diagnosis involves excluding conditions that produce IBS-like symptoms. In this article management through Ayurveda and yogic practises on stress-induced dysregulation of brain-gut axis, as it relates to IBS that could pave way for impacting IBS, is emphasized.

Key words: Irritable bowel syndrome, Stress, Yoga, Gut-brain axis, Grahani

INTRODUCTION

The irritable bowel syndrome is one of the major non-organic gastro-intestinal disorders. IBS or spastic colon is a symptom-based diagnosis. It is characterized by chronic abdominal pain, discomfort, bloating, and alteration of bowel habits. Diarrhea or constipation may predominate, or they may alternate (classified as IBS-D, IBS-C, or IBS-A, respectively). (1)It is currently unknown whether the chronic digestive problems create chronic anxiety, or whether heightened levels of stress and worry trigger heightened gut sensitivity. As a functional gastrointestinal disorder, IBS has no known organic cause; however, excessive mast cell activation has a central pathophysiological role in the disorder. (2) IBS

is a disorder of the gut-brain axis. Onset of IBS is more likely to occur after infections (post infectious IBS-PI), or a stressful life event, but varies little with age. For at least some individuals, abnormalities in the gut flora occur, and it has been theorized that these abnormalities result in inflammation and altered bowel function. (3) IBS is a disorder that affects all ages, although most patients have their first symptoms before age 45. Older individuals have a lower reporting frequency. Women are diagnosed with IBS two to three times as often as men and make up to 80% of the population with severe IBS. Apart from abdominal pain, altered bowel habits, flatulence and upper gastrointestinal symptoms, abnormal psychiatric features are

recorded in two-thirds of IBS patients, especially in referral centres; however, no single psychiatric diagnosis predominates. Psychological factors influence pain thresholds in IBS patients, as stress alters sensory thresholds. Thus, these patients frequently demonstrate increased motor reactivity of the colon and small intestine to a variety of stimuli and altered visceral sensation associated with lowered sensation thresholds. These may result from CNS-enteric nervous system dysregulation. (4)

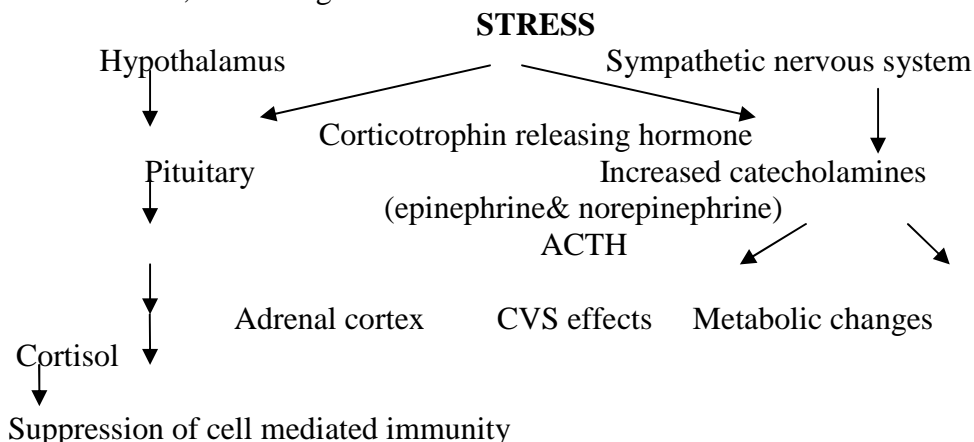
Common symptoms of IBS

1. Abdominal pain which is colicky or cramping in nature.
2. Abdominal bloating and discomfort.
3. Variable bowel habit. Most patients alternate between episodes of diarrhea and constipation.
4. Passage of mucous in stools.

Pathophysiology: The lining of the colon, which is affected by immune and nervous system, regulates the flow of fluids in and out of the colon. In IBS, the epithelium of the colon appears to work properly. However, when the contents inside the colon move too quickly, the colon loses its ability to absorb fluids. This results in too much fluid in the stool. In other people, the movement inside the colon is too slow, which causes extra fluid to be absorbed. As a result, a person develops constipation. It is generally believed that most patients develop symptoms in response to psychosocial factors, altered gastrointestinal

motility, altered visceral sensation or luminal factors. (5)

How does stress affect IBS? Stress is simply a reaction to a stimulus that disturbs our physical or mental equilibrium. In other words, it's an omnipresent part of life. A stressful event can trigger the "fight-or-flight" response, causing hormones such as adrenaline and cortisol to surge through the body. A little bit of stress, known as "acute stress", can be exciting—it keeps us active and alert. But long-term, or "chronic stress", can have detrimental effects on health. A person may not be able to control the stressors in your world, but can alter his/her reaction to them. Stress can play a large role in IBS because the syndrome has been linked to brain-gut dysfunction—a breakdown in the brain's ability to control the gastro-intestinal function. The colon is governed by the autonomic nervous system, the same system that controls the heart and lungs, and that system can be affected by the emotional state. In people with IBS, the colon can be overly responsive to even slight disturbance or stress. Stress makes the mind more aware of the sensations that arise in the colon, making the person to perceive these sensations as unpleasant. And also stress has affect on the immune system. For all these reasons, stress management is an important part of treatment for IBS.



This response leads to the mobilization of energy needed to combat the stress or through the classic “fight or flight” syndrome. Over time, the constant state of hyper vigilance resulting from repeated firing of the HPA axis can lead to deregulation of the system and ultimately diseases such as IBS, obesity, diabetes etc.

As per ayurvedic literature, IBS can be correlated with *Grahaniroga* – a disease in which *Grahanior* the small intestine gets vitiated and there is impairment of *agni* (digestive fire). Due to vitiated *agni*, the ingested food material either gets partially cooked or overcooked and results in the clinical picture of alternate bowel movement, anorexia, nausea, blackouts, sour eructations etc.

Management

1. According to *Acharya Charaka*, if the condition is accompanied by constipation, nausea, pain in abdomen, retrosternal burning, anorexia and heaviness in abdomen, then *vamana* with luke warm water or *Madanphalkwath* (decoction of *Randiaspinosa* fruit) is the first line of treatment. (6)
2. If the toxins (*amadosha*) are confined to large intestines then the *doshas* should be pacified by *deepan* (appetizer) and *virechana* (medicated purgation). For the purpose of *virechana*-Castor oil, *Tilwakghrut* can be used. If the toxins have spread to the whole body with generalised symptoms then *langhan* and *pachana* drugs should be administered. (7)
3. In all cases administration of *deepan* (appetizer) drugs like *chirakadivati*, *sankhvati* to eliminate enterotoxins should be given. *Ghrutprepatation* like *thryushanadighrut* can also be given.
4. Other important combination included *dadi-mastakchurna*, *la-*

vanbhaskarchurna, bilwavhleha, panchamrutparpati, nagaradichurna etc.

5. Complex IBS is treated with the *panch-karma* line of treatment like *shirodhara* and supported by digestive and carminative preparations.
6. To restore a healthy balance of bacteria in the gut, use of buttermilk (*takra*) is emphasized. (8)
7. To attain a balanced mind which indirectly helps to fight IBS, *ashwandhachurna, brahmichurna, ashwagandharishta* is helpful.
8. Complete rest, adequate sleep is advisable and day sleep, awakening at night, tension, suppression of urges should be avoided.

Stress and Yogic management

Yoga is a mind-body practice that combines stretching exercises, controlled breathing and relaxation. *Yoga* can help reduce stress, lower blood pressure and improve heart function. And almost anyone can do it. The brain and gut are intricately linked—we might even say that the gut is where the mind and the body meet. Our digestive tract contains hundreds of millions of nerve cells that receive a constant barrage of signals about the state of your body, thoughts, and emotions. This makes the gut highly responsive to changes in our well-being, both physical and emotional. It is currently unknown whether the chronic digestive problems create chronic anxiety, or whether heightened levels of stress and worry trigger heightened gut sensitivity. But findings linking the gut and the brain help chart a clearer path to healing. (10)

- Stress is one of the most common triggers of IBS symptoms. *Yoga* can help shut down stress by calming the nervous system—and, in the process, calm the irritated digestive system.

- Certain *yoga* exercises may improve physical and mental health through down regulation of the HPA axis and the sympathetic nervous system, possibly via direct vagus stimulation.
 - It can also enhance mood and overall sense of well-being. In an eight-week intervention of mindfulness meditation study, meditators were shown to have higher activation in left-sided frontal lobe that is associated with positive feelings such as joy, happiness, compassion, and lower levels of anxiety, when compared with the control group of nonmeditators. (11)
 - It might also help alleviate chronic conditions, such as depression, pain, and insomnia. A few *yoga* exercises practiced daily, especially if they are done just prior to meditation, help to regulate the breath and relax the body by gently releasing tension from the large muscle groups, flushing all parts of the body and brain with fresh blood, oxygen and other nutrients, and increasing feelings of well-being.
 - And also theyogic remedy for stress is to slow down the breath. One way to do this is to breathe through the nose. The greater to air flow in the nasal passage compared to the mouth results in a naturally slower respiratory rate, and nasal breathing is also beneficial because it warms and filters incoming air. It turns out that slower, deeper breaths are much more efficient in bringing oxygen into the body while not exhaling more carbon dioxide than is desirable. Rapid, shallow breaths, in contrast, tend to deplete co2 levels, which has a number of negative effects, including promoting mental agitation.
 - Along with *yoga*, the management of physical symptoms, if any, has to be taken care simultaneously. The specific yogic practices recommended for the treatment of IBS. The following *yogasana* can help reduce stress, release tension in the abdomen, and support general digestive health. It can ease discomfort during your milder symptoms and help prevent future episodes.
1. *Suryanamaskara*- It is a whole body exercise and is particularly helpful because it encourages you to breathe deeply and rhythmically.
 2. *Udarshaktivikasakayogasanas*-
 - *Pawanmuktasana* (wind-relieving pose)- The Wind-relieving pose massages the intestine and other abdominal organs thus helping in releasing excess gas from the body.
 - *Shavasana* (corpse pose)- The relaxing and calming effects of *Savasana* (total relaxation) and *pranayama* (breath control) have been widely studied and reported. The effects of these practices provide a short-term “time out” from stress and also by creating positive physiological changes in the whole body through modulating the nervous system (11)
 - *Ardhamatsyasana* (half-seated spinal twist) - The Sitting Half-Spinal twist lengthens the spine and is very beneficial for the liver and kidneys. This yoga posture also stimulates the adrenal glands
 - *Bhujangasana* (cobra pose)- The Cobra pose tones the abdomen by stretching it. It also helps alleviate stress and fatigue and also improves blood circulation.
 3. *Kriyas* including *nauli* (yogic cleansing exercise) and *agnisara* (rigorous movement of the abdominal muscles)
 4. *Nadishodhan pranayama* (alternate nostril breathing),

5. Simple breath watching, *Om* chanting (to calm down the mind) (13)

CONCLUSION

In this review an attempt has been made to provide concepts of IBS from both modern and ayurvedic point of view. Considering IBS a psychosomatic disorder, concept of stress and its relation with IBS has also been described. Thus ayurvedic and yogic approach- a cost effective and easy to implement management of IBS has been mentioned.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

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