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AN APPRAISAL OF IRRITABLE BOWEL SYNDROME WITH SPECIAL REFERENCE TO VATIK GRAHANI ROG OF AYURVEDA

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ABSTRACT

In today's modern life stress has becoming an inescapable part of our daily routine. Stress is necessary for the human to remain self sufficient, and to survive. Stress and a human response to stress are necessary. Not only stress people's dietary habits have changed substantially with increase in consumption of meat, dairy products, vegetable oils and alcoholic beverages. People are more into habit of junk and spicy food. Fiber in the diet has reduced a lot. These stress and lifestyle modifications affect our body and are responsible for variety of illness like hypertension, ulcers, Irritable bowel syndrome and depression. Among all these, IBS is a very common GIT disorder in our society. Most of the patients suffering from gastroenterological clinic for G.I complains are suffering from IBS. In Ayurveda the famous GIT disorder grahani's subtype vatik grahani share the symptoms of IBS. It is not only mandagni janya but also initiate due to mansik dosha. Therefore, the successful management of IBS can be achieved by Ayurvedic principle of vatik grahani. The drugs with deepan, pachan, vatanuloman and medhya properties or with their combinations cure the IBS in most effective way.

Keywords: Grahani, vatika Grahani, IBS, Agni, Ama

INTRODUCTION

Irritable bowel syndrome (IBS) is a gastrointestinal (GI) disorder characterized by altered bowel habits and abdominal pain in the absence of detectable structural abnormalities. No clear diagnostic markers exist for IBS, so all definitions of the disease are based on clinical presentation. IBS is one of the most common conditions encountered in clinical practice but one of the least well understood. Until recently, many physicians did not consider IBS to be a disease at all; they viewed it as nothing more than a somatic manifestation of psychological stress.

With the availability of better techniques to study colonic and GI motility and visceral sensory function, along with the development of the brain in regulating gut function, significant progress has been made toward a better understanding of the pathogenesis of IBS.

IBS is a disorder of the young, with most new patients presenting before age 45. However some reports suggest that the elderly are troubled by IBS symptoms upto 92% as often as middle aged persons. Women are diagnosed with IBS two to three

times as often as men. Moreover women make up 80% of the population with severe IBS.

Aim and Objectives

Study to understand the IBS in terms of Grahani.

Material and Methods

This study is done under the following aims and objectives and the material is collected from *Charka*, *Susruta and Vaghbhata Samhita*.

Clinical Features of IBS:

- 1. Alteration in bowel habit is the most consistent feature in IBS that include constipation, diarrhea or both. Diarrhea resulting from IBS usually consisting of small volume of loose stools. Some patients have painless diarrhea.
- 2. Abdominal pain is highly variable. It is crampy in nature.
- 3. Pain is exacerbated by emotional stress.
- 4. Stool is usually hard with narrow caliber.
- 5. Stool mix with mucous.
- 6. Most patients experience a sense of incomplete evacuation.
- 7. Patients with IBS frequently complain of abdominal distension and increased belching
- 8. 25 to 50% patients complain of dyspepsia, heart burn, nausea, and vomiting.

Rome II criteria for the diagnosis of IBS

At least 12 weeks, which need not be consecutive in the preceding 12 months of abdominal discomfort or pain that has two of following three features:

- 1. Relived by defecation
- 2. Onset associated with changes in stool frequency
- 3. Onset associated with changes in stool form.

AYURVEDIC ASPECT OF IBS

Before chalking out the plan of IBS management and its evaluation, there is need to understand IBS in terms of Ayurveda. In Ayurvedic literature, G.I disorders have been vividly and significantly conceived with *grahani*, *atisar*, *pravahika*. It is not possible to find an exact synonym of IBS in Ayurvedic Literature; only few of the disorders absolutely have some clinical symptoms which are also observed in the patient of IBS. There are considerably good number of sign and symptoms in grahani.

In Ayurvedic literature the main cause of *grahani* is *Agni dushti* specially *Pachakagni dushti*. This Agni *dushti* leads to indigestion, which results in pain abdomen and altered bowel habits. These symptoms are also present in IBS. Due to *agni dushti*, the food never digests completely and this undigested food after getting fermented turns into poisonous substance termed as '*Ama*'.²

'Ama' means undigested or partially food that is noxious to the body. This ama mix with purish is known as sama purish which passes in the patients suffered from grahani rog.

GRAHANI

In Ayurvedic literature the organ "Grahani" is described as an organ of digestion.

According to Acharya charka,³ grahani is the seat (adhisthana) of agni is located above nabhi (umbilical region). It is supported and nourished by the strength of agni, normally; it receives the ingested food, which is retained in it by restraining the downward movement. After digestion it releases the food through sides of lumen to next ashya i.e. pakwashya. In abnormal conditions due to weakness of agni, it gets vitiated and releases food in undigested form.

According to Acharya Sushruta³, the sixth kala described as pitta dhara kala is situated between amashya and pakwashya, and it is stated to be grahani. It is assumed that pitta dhara kala is not limited to laghvantra but also extend upto the brihadantra, yakrita and agnyashya. The pitta (digestive enzymes) formed in yakrits (liver) and agnyashya (pancreas) pour into the duodenum of small intestine. Kala is the fine structure that separates the dhatus from their ashayas. So we can say pitta dhara kala is secretory epithelium of GIT and hipatobillary tract. Its main function is to provide pachaka pitta, and to retain the food in this part upto its digestion. According to Ayurvedic concept it is the pitta or agni which digests the food material secreted from pitta dhara kala.

Acharya Vaghbhata⁵ explained four different types of *grahani*:

- a. *Dharna* (Ingestion)
- b. Pachana (digestion)
- c. Vivechan (Dissemination and Assimilation)
- d. Munchana (Defecation)

These above four functions clearly explain that *grahani* is mucous membrane of whole GIT tract starting from mouth and ends up-to large intestine.

Concept of Agni in charak chikitsa

In *charak chikitsa* it is clearly explained that Life span, complexion, strength, health, enthusiasm, corpulence, lusture, immunity, energy, heat processes and vital breath- all these depend on body fire. One dies if this fire is extinguished, lives long, free from disorders if it is functioning properly, gets ill if it is deranged, hence *Agni* (digestive fire) is the root cause of all.

In Charak Chikitsa Importance of *Agni* i.e. *Jatharagni* has explained that *dhatus*, *ojas*, strength, complexion etc. depends on *Agni* because *rasa* etc. can't be produced from undigested food.⁶

Process of Digestion

In Charak Chikitsa the process of digestion has explained. It is said that the Prana Vayu with receiving function carries the food to the belly where the food disintegrated by fluids (juices) and softened by fatty substances gets acted upon by digestive fire fanned by samana vayu. Thus the digestive fire cooks the timely taken and balanced food properly leading to promotion of life span. Agni cooks from below the food situated in the stomach for division into rasa (nutritive fraction) and mala (excretion) as the same cooks the rice grains with water kept in a vessel into boiled rice Again in Charak chikitsa. Importance of Pachakagni has given.

The *agni* which digests food is regarded as the master of all *agnis* because increase and decrease of other *agnis* depend on the digestive fire. Hence one should maintain it carefully by taking properly the wholesome fuel of food and drinks because on its

maintenance depends the maintenance of life span and strength One who eats greedily leaving aside all the rules acquires disorders due to morbidity in *grahani* soon.⁸

Nidana of Grahani

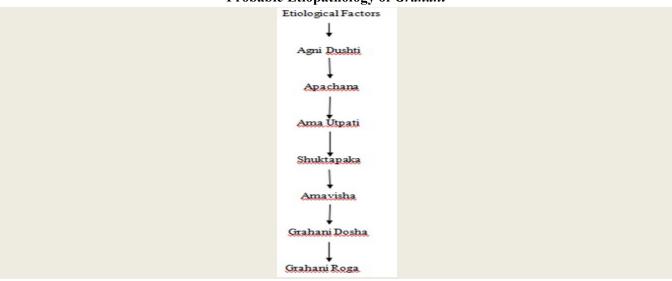
The true etiological factors, which are stated to bring about *Agnidusti* are

Ahara:

- (1) Abstinence from food (Abhojana)
- (2) Indigestion (Ajirna)
- (3) Overeating (Ati Bhojana)
 - a. Unwholesome food (Asatmya Bhojana)
 - b. Heavy or indigestible food (Atiguru Bhojana)
 - c. Cold and Stale food (Sita Bhojana)
 - d. Excessively dry food (Atiruksa Bhojana)
 - e. Putrid food (Sandusta Bhojana)
- (4) Ingestion of
 - a. Unwholesome diet or other diseases (Vyadhi Karsana)
- (5) Adverse effect of therapeutic measures such as (Vibhrama)
 - a. Purgation (Virecana)
 - b. Emesis (Vamana)
 - c. Oleation (Sneha)
- (6) Emaciation brought about b
- (7) Incompatibility of the (Vaisamya)
 - a. Place (Desa)
 - b. Climate
 - c. Season (Ritu)
- (8) Volitional inhibition of natural urges (Vega Vidharna)

Among above said *nidanas* one or the other is stated to bring about the impairment of *Agni* which is unable to digest even the lightest or perhaps the most easily digestible food. The food ingest in this state of "Mandagni", is stated to undergo fermentation (Suktapaka) and/or putrefaction (yielding Daurgundhya). In this state, the food assumes poisonous nature and produces toxic symptoms. 9

Probable Etiopathology of Grahani



Resemblance of Grahani with IBS

There are so many symptoms of *grahani* which are common to IBS. The common sign and symptom are listed below.

IBS	Syndrome in Ayurveda	Vatik grahani	Kafaj Grahni
Alteration in bowel habit that	Samanya lakshana of		
include diarrhea, constipation	grahani	Punah- punah srajet varcha	
or both	Atisansritam Vivadhama va		
	a dravam		
	In sama grahani there is		
	constipation Savishtambh		
Painless diarrhoeaa		Visuchika	
Abdominal pain is variable in	In Sama Grahni there is	In vatik grahni there is	
intensity and location, it is	Artee means abdominal pain	Parshava Ruja means pain	
localized to hypogastrium, to		in the right and left side of	
the right and left side or in		abdomen.	
epigastrium			
Stool is hard with narrow cali-		Dravam, sushkam, tanu,	
ber		amam	
Pain is exacerbated by emo-		Mansha sadnam	
tional stress.			
Patient with IBS frequently		Jeerne jeeryati cha	Haridya manyatae satyan
complain of abdominal disten-		adhmanam	udaram satamit guru
sion and increased belching			Harrilaas
25 to 50% of patients com-	In sama grahani		
plain of dyspepsia, nausea,	Prasaik Artee Vidaha aruchi		
vomiting and heart burn.	In Samnaya grahni		
	lakshana – Arochak		
	Vairasya prasaik		

Stool mix with mucous		Shaleishm	sanshrit	this
		symptom is	present in	kafaj
		grahani.		

So from above table we can conclude that symptoms of IBS are present in *Vataj*, *kafaj*, *sama* and *samnya*

Etiopathogenesis of vatik Grahani

Dosa- Tridosha

Dushya- Ama, rasa, purish

Srotas-Annavah, purishvah

Sarotodusti- Sanga, Atipravitti

Samuthaan- Amapakwashyotha

Adhisthan- Grahani

Management of Vatik Grahani:

Vatik grahani is psychosomatic disorder therefore its management requires to sustain with the equilibrium of both mansik (psychic) and sharirik (somatic) doshas. Hence the treatment for vatik grahani should be able to maintain the balance of both doshas. The synergistic effect of drugs and therapeutic procedures given to patient shows very excellent and significant result in the treatment of vatik grahani.

Psychic treatment

The effective patient- provider relationship, education, reassurance, is required to be established for alleviating the fear of patient about the disease.¹¹ It should be explained to the patient that this disease is a long lasting one and relapsing in nature. Recurrences will occur depending upon the stressful situations. It also must be explained that this disease will not reduce the life span of the patient in any way. By and large, a caring and reassuring psychological support which aims at identifying stressful precipitating factors in minimum required. The main treatment involves the use of *medhya drugs*.¹²

Somatic

If *Ama dosa* has not been separated or is still present in *Pakwasaya* as undigested matter, *Virecana* and *Snehana dravyas* may have to be administered.

When *Amarasa* is spread throughout the body *Langhana* and *Pacana* are indicated.

grahani lakshna, but most of the symptoms are correlated with Vataj grahani. 10

After Kostha Suddhi, Dipana Pacana Ousadha Siddha Peya is indicated.

After *Amapacana*, small dose of *Dipana Dravya Siddha Ghrta* may be administered¹³

Pathya ahara

Pathya ahara should be nutritious, easily digestible and sattvika diet has always been recommended. Over eating and consumption of rajasika -tamsika diet should be avoided. The addition of more fibres to the diet and a reduction in refined carbohydrates is suggested. Although unprocessed bran is considered by some to be laxative, it is in fact a stool bulking agent. It turns small hard pellet stools into large soft ones which are more easily passed and which moves through the intestinal canal at a respectable rate instead of being held up for days in a colon that has lost its tone. Fruits and vegetables are generally rich in fibres but may well act by increasing the bacterial population in the bowel. Vitamin and mineral supplementation cab be useful. Vitamin 'C' aids normal bowel function e.g. apple, grapes, pears, orange, lemon, plum etc¹⁴. The other pathya ahara includes Sashti, shali, jirna shali, Masoora, Tuvari, Mudga yusha, Lajamanda, Changeri, kamalkanda, jambu, kapittha, Dadima, Aja or Gavya Dugdha, Dadhi, Takra, Ghrita and Tila taila.

Apathya Ahara

Atishita jala, Dushta jala, Guru, Snigdha dravya, Ati ruksha and Saraka substances, Viruddha bhojana, Rasona. Patra Shaka etc.

Pathya Vihara

Nidra, Vishrama, Activities making mind happy.

Apathya Vihara

Vigavidharna, Chinta, Shoka, Bhaya, Krodha etc.

Importance of *Takra* in *Grahani*

All Ayurvedic classics have showed importance of Takra as the main diet in grahani. Acharya Charka

has also suggested the use *Takrarishta* in the routine treatment of *Grahani*.

As the *takra* is *Laghu* in *guna*, possesses *Deepna* properties and attains *Madhura Paka*, it does not provoke and increase *Pitta*; because of *Kashya rasa*, *Ushna veerya*, *Vikasi* and *Ruksha Guna* it is useful in *Kapha*; as freshly churned *Takra* is *Madhur*, slightly *Amla*, it will not produce *Daha* in *Kostha* and it also *Vatahara*.

RESULT AND DISCUSSION

IBS is widespread in general population, but only few numbers of patients who qualify for the diagnosis seek medical advice for the same. It appears to be a great cause of frustration among gastroenterologists that more than half of all patients that they investigate have no organic cause to explain their symptoms, which is, they have no pathology. According to Ayurveda, this disease is considered as *Grahani roga*, but in *grahani* also *Vatik grahani* is totally correlate with the symptoms of IBS. As we know that the cause of *vatik grahani* is both *mansik* and *sharik*, so proper counseling and education is very important, similarly *langhan*, *pachan* and *deepan oushadha* plays a very important role in balancing *sharirk hetus*.

CONCLUSION:

Ayurveda is very much concerned to the complete eradication of disease. It is the unbalanced *doshas* that cause different diseases locating on the site of their aggravation and localization. A physician should try to examine and understand a disease by its symptoms and then go for its management to get better results. Here is an attempt to find the most possible correlation so that the *doshic* involvement in this clinical entity could be done at the level of etiology or at the level of symptomatology. Since most of the *Vatik grahani* symptoms are common to IBS so principles of management of *vatik grahani* are applied to treat the IBS. In Ayurvedic treatment of IBS, *deepan*, *pachan*, and *vatanuloman* drugs are

used to relive the somatic symptoms and medhya drugs are used to relieve the stress and anxiety.

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