ABSTRACT
Irritable bowel syndrome is a common functional gastrointestinal disorder with no identifiable structural abnormality. It is characterized by abdominal pain or discomfort and altered bowel habits as major symptoms. IBS accounts for more than 40% of new referrals to gastroenterology outpatient clinics. Diagnosis is done by Rome IV criteria. Etiology and pathogenesis is not clearly understood. In Ayurveda it can be managed with the concept of Grahani. The basic Samprapthi is at the level of Grahani and Pakwasaya which is as a result of Agnidushti. The symptoms of IBS are Tridoshaja with a Vatha predominance. Vatha has Sthanika importance also as Pakwasaya is the seat of Vatha. So, medicines with Deepana, Pachana, Anulomana and Grahi properties are ideal. Satwavajaya Chikitsa (psychotherapy) is helpful because of the involvement of psychological factors. Diet and lifestyle modifications with exercises and relaxation techniques have added benefit in the management since it has a chronic and relapsing nature.

Keywords: Irritable bowel syndrome, Grahani, Rome IV criteria

INTRODUCTION
Irritable bowel syndrome is a common gastrointestinal disorder of chronic relapsing nature. Usually affecting younger individuals causing a great impact on productivity and quality of life. It is defined as a functional bowel disorder characterized by abdominal pain
or discomfort and altered bowel habits in the absence of detectable structural abnormalities. Global prevalence ranges between 10-15%. IBS accounts for more than 40% of new referrals to gastroenterology outpatient clinics. Females are more affected than males. It also decreases with age. Based on the major presentation it can be classified as diarrhea dominant (IBS-D), constipation dominant (IBS-C) and mixed type (IBS-M). Diagnosis is done by a symptom-based criterion and no lab investigations are necessary for the confirmation of disease. Usually it follows a chronic and episodic nature which shows a little response to conventional management.

In Ayurveda it can be viewed through the concept of Grahanî. Grahanî is a broad spectrum of diseases of non-infectious pathology of gastrointestinal tract. Here the basic pathologic factor is Vataha and Agni as Grahanî being the Adhishtana (seat) of Agni. Grahanî is also an anatomical structure which holds the food till the end of digestion in Amasaya and the disease in which Grahanî is vitiated is known as Grahanî Roga. There are two ways of vitiation of Grahanî.-

1) congenital -by birth some people have Vatha, Pitha or Kapha predominant Koshta.
2) acquired Agnidushti - by persistent use of Agni Vidhwamsakara Ahara, Vihara (diet and activities that reduces power of digestion) and mental factors Agnidushti which in turn causes vitiation of Grahanî plays a main role in the manifestation of the disease. The etiological factors of vitiation of Agni from classics can be classified as Aharaja, Viharaja, Manasika and others.

<table>
<thead>
<tr>
<th>Aharaja</th>
<th>Viharaja</th>
<th>Manasika</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abhojanam (fasting)</td>
<td>Swapnaviparyayam</td>
<td>Soka (grief)</td>
<td>Vireka Yamana Sneha Vibhrama</td>
</tr>
<tr>
<td></td>
<td>(lack of sleep and day sleep)</td>
<td></td>
<td>(improper administration of purgation, emesis and oleation)</td>
</tr>
<tr>
<td>Ajeernabhojanam (indigestion)</td>
<td>Vega Dharana and Udeerana</td>
<td>Krodha (anger)</td>
<td>Vyadhi Karsana (due to other diseases)</td>
</tr>
<tr>
<td></td>
<td>(suppression of urges)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athibhojanam (excessive food intake)</td>
<td>Yaana Yana Asana Sihana Chamkramana</td>
<td>Kshuth (hunger)</td>
<td>Desa Kala Rithu Vaishamya (residing at unsuitable desa and seasonal perversions)</td>
</tr>
<tr>
<td></td>
<td>(prolonged travelling, sitting or walking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asathmyabhojanam (unwholesome food)</td>
<td></td>
<td>Bhaya (fear)</td>
<td></td>
</tr>
<tr>
<td>Vishasanam (irregular diet habits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samdushta/ Dwishta Bhojanam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(stale food)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dagdha/ Ama Bhojanam (burnt or uncooked food)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sushka/ Athyambuplutham (dry/high fluid food)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overuse of Guru(heavy), Seetha (cold) and Ruksha (dry) Ahara</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pathogenesis**

Pathogenesis of IBS is poorly understood. Some of the possible factors have been proposed by various studies:
- abnormalities of colonic and small bowel motility
- Visceral sensory hypersensitivity
- Influence of CNS factors also suggested by the clinical association of emotional disorders and stress with symptom exacerbation.
- Gut brain axis has role in colonic activities.
- Prior infections
- Altered gut microbiota
- Serotonin dysregulation—plasma concentration is reduced in IBS-C and raised in those with IBS-D

From known and unknown Nidanas, Vatha dominant Tridoshakopa develops in Koshta which leads to vitiation of Agni and Grahani. When Agni and Grahani is vitiated it causes vitiation of Pureeshavaha and Annavaaha Srotas in turn manifest as Athisara (diarrhea), constipation, Soola (abdominal pain), Hirllasa (heart burn) like both lower and upper gastrointestinal symptoms. When Chala Guna of Vatha is dominant that causes IBS-D and if Ruksha Guna is dominant, IBS-C. Also because of Adhishtana Visesha (Pakwasaya is the Adhishtana of Vayu), Vatha is dominant in the disease.

**Clinical Features**

According to Vagbhata Grahani is Chirakrith- chronic in nature and in Grahani the Pureesa (stool) is Muhu Badham and Muhu Sidhilam i.e. alternating diarrhea and constipation. It is the classic presentation of IBS.

<table>
<thead>
<tr>
<th>Lakshana</th>
<th>Vatha</th>
<th>Pitha</th>
<th>Kapha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased frequency of defaecation increased by stress</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of incomplete evacuation</td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Urgency</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defaecation straining</td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Bloating – belching &amp; flatulence</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal distension</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspepsia</td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Heart burn</td>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On analysing clinical features, Tridoshakopa is evident and Vikalpa Samprapthi is as follows

**Vatha- Pradhanathama,**
**Pitha - Pradhanathara**
**Kapha- Pradhan**

Based on clinical presentation it may be Vathapradhana, Pithapradhana or Kaphapradhana.

<table>
<thead>
<tr>
<th>Dosha</th>
<th>Lakshana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vatha dominant</td>
<td>Abdominal pain, increased frequency of defaecation, constipation, bloating, abdominal distension</td>
</tr>
<tr>
<td>Pitha dominant</td>
<td>Diarrhea, heart burn, dyspepsia, vomiting</td>
</tr>
<tr>
<td>Kapha dominant</td>
<td>Sense of incomplete evacuation, defaecation straining, nausea</td>
</tr>
</tbody>
</table>

**Diagnosis**

As already stated, diagnosis is done by a symptom-based criterion –

**Rome IV criteria**

Recurrent abdominal pain, on an average, at least 1 day/week in the last 3 months, associated with two or more of the following criteria:

- Related to defecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

**Alarm symptoms**

The patient should undergo proper investigations in the presence of red flag symptoms or alarm symptoms.
which are indicative of organic lesion. Alarm symptoms includes:

- Rectal bleeding
- Anaemia
- Weight loss
- Fever
- Late age of onset
- Acute onset
- Family history of cancer
- Family history of inflammatory bowel disease
- Constant distension
- Continuous diarrhea

**Management**

A multidisciplinary approach is proved to have a best result in the management of IBS since it follows a relapsing remitting course. Nonpharmacological measures like diet and lifestyle modifications including exercises can be advised. Psychological support (Satwavajaya Chikitsa)\(^\text{10}\) should be provided if needed. Laghu (light), Snigdha (unctuous), Ushna (hot) and Deepana ahara which is good for maintaining Agni should be taken. Takra (butter milk) is one such Dravya which is Deepana, Grahi and Laghu hence effective in IBS. Moderate aerobic exercises, Pranayama (breathing exercises), is beneficial. For patients, dominant with psychological factors Bhaya or Soka Atthisara Chikitsa can be adopted which is same as Vatha Atthisara Chikitsa including Harshana, and Aswasana\(^\text{11}\) (consoling).

**Pharmacological management**

1. **Deepana Pachana** - drugs that stimulate power of digestion and digest Ama
2. **Sarpiprayoga** – with Deepana drugs after digestion of Ama when Vatha is dominant\(^\text{12}\)
3. **Niruha** – If there is obstruction of stool, flatus and urine with proper Agnibala\(^\text{13}\)
4. **Vireka** – If Paitika symptoms are dominant
5. **Anuvasana** – After Sodhana if Badhavarcha (constipation) due to Koshta Rukshatha\(^\text{14}\) (increased dryness of Koshta)
6. **Samana Chikitsa** with Deepana Pachana Anulomana Dravyas

In order to correct Agnidushti. Deepana, Pachana should be the first line of management. Considering the role of Vatha, Anulomana is essential for the Samprapthi Vighattana. After proper Ama Pachana, Grahi drugs can be used if diarrhea is dominant or Anulomana is enough for constipation. Sodhana therapy is needed for chronic illness with a history of several years and in Bahudoshavastha (excessively vitiated Doshas). After the improvement of signs and symptoms and attaining proper Agnibala, Sarpi (medicated ghee) having Deepana property can be used to improve the Bala and healthy status of Koshta. Sneha is considered as the best Oushadha for promoting Agni\(^\text{15}\), so it can be used to prevent the recurrence as maintenance of Samagni is necessary for a healthy Grahani.

**DISCUSSION**

In Ayurvedic view, Adhishtana of IBS is both Sareera and Manasa i.e affecting both body and mind. The disease of mind can also manifest as symptoms of body. It is a disease of Abhyanthara rogamarga in which Purushavaha and Annavaha Srotas are affected mainly. Clinical features are similar to Grahaniroga as already explained. On Dosha based analysis all the Doshas are involved. But the dominant features are Vatika hence it is Vatha dominant Sannipatha. It follows a relapsing and remitting course usually. Food intake and mental stress factors may act as precipitating factors. Diarrhea alternates with constipation. Based on the dominant presentation the disease is classified. According to Ayurveda, Chalatwa (movement) is the function of Vayu. If Chala Guna of Vayu increases, it may increase the peristaltic bowel movements causing frequent tendency of defaecation and diarrhea. If the Ruksha Guna of Vayu is increased, it may cause the Soshana (drying) of stool and can result in constipation.

According to Vagbhata all the three types of abnormal Agni can cause Grahanidosha. But the management is based on Dosha predominance, considering Agni and Ama. Because of the strong relationship between Grahani and Agni, maintenance of Agni is important in curative and preventive aspect of IBS. In IBS-D, Grahi drugs also can be helpful because they digest the Ama and arrest the diarrhea. But in IBS-C, Anulomana drugs
are effective which helps the Apana to function normally for the passage of stool. Patient must follow the Pathya and Apathya strictly as any violation may decrease the effectiveness of the treatment. Ahavavidhi Visesha Ayathanas and Bhojana Vidhi explained in classics has a very significant role in the management of diseases like IBS.

**CONCLUSION**

Medical management along with Satwavajaya Chikitsa (psychotherapy) and yoga therapy is very effective in the management of IBS. By giving reassurance and support and promoting healthy lifestyle and mental status along with appropriate internal medications, ayurveda can help the recovery of individuals and thus reduce the burden of the disease.

**REFERENCES**


**Source of Support: Nil**

**Conflict of Interest: None Declared**