

**IRRITABLE BOWEL SYNDROME - AN AYURVEDIC PERSPECTIVE****Nitesh Gupta<sup>1</sup>, Rashmi Tiwari<sup>2</sup>**BAMS, MD (Ay), Assistant Professor, Dept. of Kriya Shareera<sup>1</sup>BAMS, MD (Ay), Assistant Professor, Dept. of Agadtantra<sup>2</sup>

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**ABSTRACT**

IBS continues to be a major health hazard affecting the productive age group worldwide. IBS is most common of the functional GIT disorder which together account for half of the outpatient attendance at gastroenterological clinics. Till date no clear diagnostic markers and treatment exist for IBS. The cause of IBS remains a mystery and its treatment continues to be a real challenge. It is frustrating condition for the patient because of poor quality of life and equally frustrating for the physician. Ayurveda has the strong theoretical backup in the genesis of IBS. In Ayurveda IBS can be considered as *Agnimandyajanya Vikara*. The functional dependency between normal *Vata Dosha* and *Agni* is altered in IBS. The role of *Dhatu*s and concerned *Srotas* i.e *Purishavahasrotas* is also considerable. *Purishvahasrotas* does majority of function with the help of *Apana Vayu*. So the *Dusti* lies at *Apana Vayu* & *Samana Vayu* level. The *Mansik Bhavas* which hamper *Agni* and *Rasavahasrotas*, *Ahara Viharas* which causes *Vatakopa* are the main causative factor of IBS. The principal of treatment can be taken as the treatment of *Ajirna*, *Atisara* and *Grahiniroga*. It can be controlled by managing diet, lifestyle and stress.

**Keywords:** *Agni, Dosha, Srotas, Grahini*, IBS

**INTRODUCTION**

IBS has been described as far back as the 19<sup>th</sup> century. At that time it was known by other names like mucus colitis, spastic colon, spastic bowel and irritable colon syndrome. IBS is most common of the functional gastrointestinal disorder characterized by altered bowel habits and abdominal pain in the absence of detectable structural abnormalities.<sup>1</sup> IBS is most common of the functional GIT disorder which together account for half of the outpatient attendance at gastroenterological clinics. Till date no clear diagnostic markers exist for IBS, so all definition of the disease are based on the clinical presentation<sup>2</sup> IBS can

be defined as a combination of abdominal pain as discomfort and altered bowel habits. The alteration of bowel habit may be in the form of altered stool frequency (Diarrhoea or constipation) or altered soft stool (thin, firm, soft and hard stool). Symptoms that are commonly associated with IBS include passage of mucus, sense of incomplete evacuation of bowel, relief of pain after defecation and abdominal bloating. IBS is also associated with number of extra intestinal disorder like fibro myalgia, sexual dysfunctions, urinary symptoms and certain psychiatric disorder. According to Ayurveda IBS is a disease which manifest mainly due to the im-

proper *Agni & Dosadusti*. The functional dependency between normal *Vata Dosha* and *Agni* is altered in IBS. The role of *Dhatus* and concerned *Srotas* i.e *Purishava-hasrotas* is also considerable. *Purishava-hasrotas* does majority of function with the help of *Apana Vayu*. So the *Dusti* lies at *Apana Vayu & Samana Vayu* level. The *Mansik Bhavas* which hamper *Agni* and *Rasavahasrotas*, *Ahara Viharas* which causes *Vatakopa* are the main causative factor of IBS.

### MATERIAL & METHODS:

IBS is a chronic disorder of gastrointestinal function that is characterized by recurrent abdominal pain and altered bowel habits in the absence of detectable organic disease. The cause of IBS remains a mystery and its treatment continues to be a real challenge. It is a frustrating condition for the patient because of poor quality of life and equally frustrating for the physician. Rather than attributing IBS to one specific cause, it is more appropriate to consider IBS as caused by combination of many factors. This has been called a Biophysical model of IBS. It is a multifactorial condition in which GI motor and sensory dysfunction and psychological traits may contribute in combination with a series of environmental factors such as acute GI infection and food intolerance and there may be a background of genetic predisposition. IBS is considered as a disorder of young people with most new cases presenting before age 45. Women are diagnosed with IBS two to three times as often as men and make up 80% of the population with severe IBS.<sup>3</sup> In most of clinical condition, IBS is found to be aggravated by a variety of exogenous and endogenous factors. Triggers for IBS can range from gas or pressure on intestine to certain food, medication or emo-

tions. Changes in life style and reasonable amount of stress have proven role in most of the intestinal pathologies. Clinical features are:-

1. Abdominal pain: - pain is felt in left/ right iliac fossa or hypogastrium. The pain may be continuous, colicky, diffused or localized. Rarely the pain may be severe. Abdominal pain is generally relieved by defecation and provoked by food. Pain is usually associated with constipation.
2. Painless intermittent diarrhoea: - it is characterized by passage of several loose watery stool when constipated, stools are hard, pellet like accompanied by mucus.
3. Bloating of abdomen
4. Alternate constipation and diarrhoea.
5. Nausea, anorexia, tiredness, tenderness of abdomen.

The Rome criteria have been shown to be both sensitive and specific for the diagnosis of IBS and can be used in clinical practice. At least three months in the preceding 12 months of abdominal pain or discomfort that has two of the following three features

1. Relieved with defecation
2. Associated with a change in frequency of stool
3. Associated with change in form of stool.<sup>4</sup>

Patient above fifty should have a screening colonoscopy. Patient below 40 with strong family history of colorectal cancer should also undergo a colonoscopy. Small bowel or colonic mucosal biopsies may be indicated in patient with loose watery stool. Other routine examination is CBC, Blood chemistry, ESR & TSH. *Ayurvedic Rogapariksha* is basically done by *Nidanapanchaka* starting from the contact with etiological factors till the manifestation of the complication of the disease.<sup>5</sup> *Nidanapanchaka* of the concerned

disease is to be studied properly. By analysing the etiological factor mentioned in modern medicine it can be concluded that *Mansikbhavas* which hamper *Agni* and *Rasavahasrotas*, *Ahara viharas*, which cause or trigger *Vatakopa* in *Pakvasaya* are the principal *nidanas* of IBS. Nature of diet is very important in the aetiopathogenesis of IBS. Nature of diet is very important in the etiopathogenesis of IBS. Especially *Viruddhaaharas* and *Vistambhiaharas* may have strong roles in IBS.

## DISCUSSION

IBS is primarily a disorder of motility of the entire digestive tract causing abdominal pain, bloating, Diarrhoea and constipation. In this disorder the digestive tract is especially sensitive to a host of stimuli, stress, diet, drugs, hormones or minor irritants. Classical Ayurveda mentions the clinical condition *Grahiniroga*, wherein the symptoms of major varieties of IBS can be accommodated. Physiologically *Grahani* is defined as the seat of *Agni* and is so named because of holding up the food for successive stages of digestion.<sup>6</sup> When *Grahini* is deranged / disturbed due to weak *Agni* or due to the malfunctioning of the local controlling factor broadly termed *Apana vayu*, it releases the ingested material frequently even in unripe condition<sup>7</sup>. With varying degree of the involvement of *Agni* and *Samana vayu* clinical symptoms also vary among diarrhea, constipation, abdominal pain, bloating headache and fatigue. Since IBS is disease which involves *Agni*, *Purishvaha srotas* and *Vatadosha*, the *samprapti* are as follows:-

Dosa :- *Sannipataja* (*Vathadhikya*),

*Dusya* :- *Rasa*

*Agni* :- *Jatharagni*

Srotodusti :- *Atipravritti/ Sanga*,

Srotas:- *Purishvahasrotas*,

*Utbhavasthana* :- *Pakvasaya*.

*Samana* and *apana vayu* mainly involved in IBS. The movements and the absorption are mainly undertaken by these *vatadoshas*. IBS is mainly a functional motility disorder. The *chala*, *laghu gunas* of *vata* and *sara*, *drava gunas* of *pitta* are involved in *Atisara* phase of IBS. In case of *Vibandha* phase of IBS *ruksha* and *sita gunas* are mainly involved. The role of *Pitta doshas* in IBS is also considerable because the main site of *Pitta* is *Pachyamanasaya* where *Pittadharakala* and *Grahani* are situated. The principal of treatment can be taken as the treatment of *Ajirna Atisara* and *Grahiniroga*. *Langhana*, *Dipana* and *Pachana* drugs are given in the initial stage. It can be controlled by managing diet, lifestyle and stress. The treatment plan under the following domains

1) *Agnidipana* 2) *Vatanulomana* & 3) *Manonukulata* :

*Dipana, pachana* : *astachurna, hinguvachadi churna, dipakyadichurna*

*Ajirna, atisara, sula: mustakaranjadi kashay, vilwadi gulika, dadimaastak churna kalaskadikwatha*

*Vibandha avastha: kaidaryadi kashay, patupancakadi gulika, bhuktanjari gulika*

*Amlodagara, daha: mahatiktak kashay, trantyadi kashay*

*Other medicines found effective are indukanta ghrita, vidaryadi ghrita, mahatiktakaghrita.*

Chronic IBS patient may develop the symptoms of depression. In such condition, physician should take care to relieve depression. *Kalyanakakashay. Kalyanaka ghrita, sarasvatarista*. *Manasmitravatak* can be given stress relieving factors like yoga, meditation, are useful. *Harsana, Asvasana* like treatment mentioned in *charaksamhita* can be

adopted. *Vatanulomana* and *Agnidipana aharas* are to be included in food. *Vishtambhi* ahara should be avoided. *Virru-dhaahara* in terms of *samyoga* and *sanskara* are to be avoided. Intake of pittakopa dravyas is avoided. *Vegadharana* should be avoided. *Mansikbhavas* should be properly controlled.

## CONCLUSION

IBS continues to be a major health hazard affecting the productive age group worldwide. Ayurveda has the strong theoretical backup in the genesis of IBS. In Ayurveda IBS can be considered as *Agnimandyajanya vikara*. The major *Dosha* involved in its etiology is *Vata Dosha* together with association of *Pitta* and *Kapha Dosha*. The *Srotodusti* involve in it is *Atipravritti* and *Sanga* type. The *dusyas* are *rasa*. The *srotas* involve are *purishavahasrotas*. The principal of treatment can be taken of *Atisara*, *Ajirna*, *Grahani*. The treatment module may be modified according to the predominant symptoms. Patient should be advised to follow appropriate food regimen for the utmost care of health. Together with it psychic factor are involved so appropriate counseling has to done and *Manaprasadakara* treatment has to be given.

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