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, vatanaloman 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 up to 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 chalk 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*’.‘*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*, *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. *pakhwashya*. In abnormal conditions due to weakness of *agni*, it gets vitiated and releases food in undigested form.

According to Acharya *Sushruta*, the sixth *kala* described as *pitta dhara kala* is situated between *amashya* and *pakhwashya*, 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 Vaghbhata 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.

**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.

**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 (*Vydhi 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.
Resemblance of *Grahani* with IBS

<table>
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<tr>
<th>IBS</th>
<th>Syndrome in Ayurveda</th>
<th>Vatik grahani</th>
<th>Kafaj Grahni</th>
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| Alteration in bowel habit that include diarrhea, constipation or both | *Samanya lakshana of grahani*  
Atisansritam Vivadhama va a dravam  
*In sama grahani* there is constipation *Savishtambh* | *Punah- punah srajet varcha*                                                      |                                                                           |
| Painless diarrhoea                                                  |                                                                                     | *Visuchika*                                              |                                                                           |
| Abdominal pain is variable in intensity and location, it is localized to hypogastrum, to the right and left side or in epigastrium | *In Sama Grahani* there is *Artee* means abdominal pain                              | *In vaitik grahani* there is *Parshava Ruya* means pain in the right and left side of abdomen. |                                                                           |
| Stool is hard with narrow caliber                                   |                                                                                     | *Dravam, sushkam, tanu, amam*                           |                                                                           |
| Pain is exacerbated by emotional stress.                            |                                                                                     | *Mansha sadnam*                                           |                                                                           |
| Patient with IBS frequently complain of abdominal distension and increased belching |                                                                                     | *Jeerne jeeryati cha adhmanam*                           | *Haridya manyatae satyan udaram satamit guru Harrilaas*                      |
| 25 to 50% of patients complain of dyspepsia, nausea, vomiting and heart burn. | *In sama grahani*  
*Prasaik Artee Vidaha aruchi*  
*In Sumnaya grahni lakshana* – *Arochak*  
*Vairasya prasaik* |                                                                                     |                                                                           |
Stool mix with mucus

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  
 Dashya- Ama, rasa, purish  
 Srotas-Annavah, purishvah  
 Sarotodusti- Sanga, Atipravitti  
 Sanuthaan- 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. 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*.

**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.

**Shaleishm sanskrit** this symptom is present in kafaj *grahani*.

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

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

After Amapacana, small dose of Dipana Dravya Siddha Ghrita may be administered

**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 etc. 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 boon*, *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 Grahan roga, but in grahan also Vatik grahan is totally correlate with the symptoms of IBS. As we know that the cause of vatik grahan 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 grahan symptoms are common to IBS so principles of management of vatik grahan are applied to treat the IBS. In Ayurvedic treatment of IBS, deepan, pachan, and vatamuloman drugs are used to relive the somatic symptoms and medhya drugs are used to relieve the stress and anxiety.

REFERENCES

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