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SUCCESSFUL MANAGEMENT OF GRAHANI ROGA W.S.R. TO IRRITABLE BOWEL SYNDROME MANAGEMENT THROUGH AYURVEDA: A CASE REPORT

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ABSTRACT

Irritable bowel syndrome (IBS) is characterized by abnormal bowel movement, recurrent abdominal pain and without any structural abnormalities in gut. IBS affects large population worldwide due to unhealthy eating habita and stressful lifestyle. In Ayurveda, it can be compared to Grahani roga. Agni dushti is the prime cause for the grahani roga. It is the roga in which tridosha are equally involved. The present case is of 29-years-old male patient diagnosed with IBS, which was well managed with Ayurvedic treatment protocol. The patient presented with the complains of recurrent abdominal pain and increased bowel movements associated with generalized weakness and tenesmus. The line of treatment adopted for this case was Samshodana (~ bio-cleansing therapy) such as Matrabasti (~enema) and internal medicines were administered along with specific instructions in diet and lifestyle. Medications were altered based on the symptoms of the patient. Following therapy, the patient was assessed based on the occult blood in stool examination, Hb and subjective parameters. Satisfactory results were observed in the patient with the improvement in the subjective and objective parameter.

Keywords: Grahani roga, Irritable Bowel Syndrome, Changeryadi Ghrita, Case Report

INTRODUCTION

Grahani is a disease that affects a large population worldwide, especially in developing countries, due to excess consumption of junk foods and stressful lifestyles. Irritable bowel syndrome (IBS) is characterized by recurrent abdominal pain and abnormal bowel movement, without any structural abnormalities in the gut **[1]**.

Prevalence In India the female to male ratio is 1:3 and common age group is 20-40 years **[2]**.

Disturbance in *Agni* (~digestive fire) is the main cause for the pathogenesis of *grahani roga* **[3]**. *Grahani* is regarded as the *Sthana* (~place) of *Pachaka Pitta*, with an interrelationship between them that aids in maintaining normal gastrointestinal function **[4]**. *Grahani* is a *Tridoshatmaka* disorder of the digestive system caused by the vitiation of Pachakapitta, Saman Vayu, and *Kledaka Kapha*. Once the disease manifests, secondary factors like *Apana Vata* and *Prana Vata* also play significant roles in its progression.

Modern IBS treatment modalities include bulk-forming agents, antidiarrheals medicine, antispasmodics, antidepressants, etc., but these often lack proven efficacy. When weighing the cost and potential risks, including severe constipation, severe diarrhoea, and ischemic colitis, against the potential benefits, the risks generally surpass the advantages **[5]**. Therefore, it is necessary to explore alternative medicines that are effective, economical, and safe for therapeutic options.

In the present case, both shodhana (~purificatory measures) and shamana (~ disease specific internal medicine) treatment modalities with various Ayurvedic formulations including Changeryadi Ghitam was used in the management of irritable bowel syndrome.

PATIENT INFORMATION

A 29-year-old male, came to outpatient department with complaints of frequent bowel evacuation (4-5 times/day), pain in abdomen on and off, passing stools just after food intake for 2 years. He also complaint of gradual weight loss, tenesmus and generalized weakness for 3 months. He approached OPD of KLE Ayurveda Hospital for above complaints. Ayurvedic Shamana intervention was planned for the patient. Pathya- Apathya was explained. Informed consent from patient has been taken.

CLINICAL FINDINGS

Ayurvedic diagnostic techniques such as Sthanika Pariksha, Prashna Pariksha, play a crucial role in diagnosing diseases. These methods include the following observations:

Darshana Pariksha: There was no visible colour change over abdomen, no mass observed

Pallor – present

Sparsha Pariksha: There was generalized tenderness on palpation over abdomen, no palpable abnormality or mass on examination.

ASHTAVIDHA PARIKSHA (~ eight measures of examination)

Nadi(~pulse) was 78/min,

Mutra (~ urine) of patient was samanya (~normal urine),

Mala (~excretory waste) was muhurbadha-muhurdrava pursiha (~ alternate hard and soft stools), and also it was saama pursiha (~ excreta with ama),

Jihwa (~tongue) was lipta (~coated),

Shabda (~ voice) was spastha (~clear),

Sparsha (~ touch) was Anushna sheeta (~ not warm not cold), tenderness present over abdomen,

Drik (~vision) was Prakrut (~normal),

Akruti (~) was Avara (~ lean)

DIAGNOSTIC ASSESSMENT

This case satisfies ROME 2 CRITERIA **[6]**

TIMELINE

Timeline of the patient is described in **Table 1**.

Table 1: Timeline of the case

Date	Relevant medical history
April 2021	**Patient was apparently normal 2 years back, gradually he developed with pain in abdomen on and off, loss of appetite, bloating of abdomen and urge to pass stool immediately after food, consistency of stool was hard and loose stool on alterative days, the frequency of defecation increased day by day of about 4-5 times per day.**
May 2022	**For the above complaints, patient had visited allopathic hospital and was under allopathy medication for 1 year on and off.** **List of medications –** **1. Syrup Hemup - 5ml tid** **2. Tab.Nexprofast 40 – 1-0-0** **3. Syrup.Sharcoferol – 5ml bd** **4. Tab.O2 – 1 bd** **5. Cap.Rifagut – 1 bd**
July 2022	**With no improvement in above complaints and fresh complaints of weight loss, tenesmus since 2 months. Patient approached KLE ayurveda hospital Belgaum for further management.**

THERAPEUTIC INTERVENTION

Ayurvedic treatment was started on July 18,2022. The *shamana* medications included jeerakaarishta 15ml tid before food, Shanka vati 2 tablets tid before food and Koshta sanjeevani vati 1tablet tid after food. The dosage of medicine and *shamana* medication were revised periodically based on clinical signs and symptoms. On the second visit i.e. on November 11, 2022, koshtasanjeevani vati was been continued, the dosage of shanka vati was reduced to 1 tid before food and few new medications were added like Pippalyasavam 15ml thrice/day before food and Capsule Pentaphyte (Ingredients- Panchavalkal) 1 tablet bd after food. On third followup, after assessing the patient Shodhana treatment Matra basti with changeryadi ghrita 50ml for 7 days along with oral intake of changeryadi

ghrita 10ml in morning empty stomach. After 1-month, same treatment plan was adopted as previous month. After 2 months, patient was assessed again and only oral intake of Changeryadi ghrita 10ml in morning empty stomach was been asked to continue for 1 month **(Table 2)**.

Table 2: Timeline of Therapeutic Intervention

Date	Therapeutic Intervention
7th July, 2022	Jeerakarista 15ml tid before food, Shankha vati 2 tid before food, Kostasanjeevani Vati 1 tid after food
11th November, 2022	Shankha Vati 1tid before food, Pippalyasavam 15ml tid before food, Kostasanjeevani Vati 1 tid after food, Cap.Pentaphyte 1 bd after food
13th February, 2023	Shamana Sneha-Changeryadi Ghruta – 10ml empty stomach Matra Basti with Changeryadi Ghruta – 50ml for 7 days
22nd June, 2023	Shamana Sneha-Changeryadi Ghruta - 10ml empty stomach Matra Basti with Changeryadi Ghruta - 50ml for 7 days
5th September, 2023	Shamana Sneha with Changeryadi Ghruta is continued
1st January, 2024	Shamana Sneha with Changeryadi Ghruta is continued

During the intervention period he was asked to avoid junk foods, ready-to-eat food items, and oily foods.

FOLLOW- UP AND OUTCOME

After Ayurvedic *shamana aushadi* and *shodhana* procedure, marked improvement was observed in symptoms of patient. Frequency of bowel reduced to 1-2 times/day and abdominal pain was also relieved. Weakness was reduced upto 50%. The last follow-up was done on January 1, 2024, and the patient did not develop any other complaints.

Haemoglobin and Stool examination report also showed improvement with absence of occult blood **(Table 3)**.

Table 3: Laboratory Findings

Date	Laboratory Findings
30/05/2022	Hb – 6.3 g%
07/ 07/2022	Occult blood stool – Positive
11/11/2022	Occult blood stool – Positive
22/06/2023	Occult blood stool – Negative
05/09/2023	Occult blood stool – Negative
28/10/2023	Hb – 8.3 g%
1/01/2024	Occult blood stool - Negative
08/02/2024	Hb – 10.4 g%

The outcome of the patient in terms of mala assessment is tabulated in **Table 4**.

Table 4: Patient Assessed Outcome

S. No.	BT	AF
Baddha mala	1	0
Muhur drava mala pravritti	3	2
Udara shula or discomfort	3	2
Sense of incomplete evacuation	2	1

There was no adverse drug reaction observed in the patient.

CHALLENGES DURING PRESENT CASE

There were some challenging factors in this study. Specifically, the patient was unable to adhere to the prescribed *Pathya.*

DISCUSSION

In Grahani roga, disturbance in Agni, is said to be the prime cause. The *dushita agni* leads to acculumation of ama and it passess in the stool.

In the present case, the main cause found for this grahani roga was irregular meal timimg and excessive consumption of *katu, snigha ahara* , junk and ready-to-eat food items which in turn lead to *Agni dushti* followed by *Ama* formation and final manifestation of *Grahani roga*. The dosha involved in pathogenesis of Grahani roga is *tridosha*.

In this case, the patient was advised to take only Ayurvedic Shamana aushadi in first two sittings and had to follow *pathya* during the course. There was a noticeable change observed at the of 2nd sitting. The appetite of patient was been improved, episodes of abdominal pain were reduced and frequency of bowel movement were reduced upto 3times/day. As there was no markable change in objective parameters like occult blood in stool and Hb, *Shodhana* and *shamana* treatment was planned with Changeryadi ghrita.

Probable mode of action Changeryadi ghrita:

Agnimandya is the cause for all type of diseases. In this Ghrita, most of the drugs *katu rasa pradhna* and *laghu ruksha* in *guna*. The main ingredient of changeryadi ghrita is changeri which is known for its anti-inflammatory property, anti-diarrheal property **[7]** which in turn reduces the inflammation of the gut and helps in elimination of ama from the body.

Other ingredients like pippali **[8]**, maricha **[9, 10]**, chikraka, shunti also shows anti-inflammatory property, digestive stimulant, carminative in nature which in total helps in stimulating digestive enzyme, elimination of ama. It also helps in reducing abdominal pain.

Overall Changeryadi ghrita helps in balancing thridosha involved in grahani roga, thereby helps in treating it from the cause.

The ghrita used as base also shows soothing effect on mucosal lining of gut, thereby reduces the inflamation.

CONCLUSION

In this case, positive outcome in patient were observed which suggest that Ayurveda treatment including both shodhana karma as well as shamana can serve as promising therapeutic option for treating grahani roga. Use of Changeryadi ghrita in basti and oral intake showed a significant result in both

subjective as well as objective parameters which included Occult blood in stool, Hb%.

PATIENTS'S PERSPECTIVE

Initially I had complaints such as abdominal pain, increased bowel movements and generalized weakness which were reduced after starting the ayurvedic treatment. In the 2nd and 3rd visit there was no complaint of abdominal pain and other complaints were also reduced by 40% which gave me a great relief. I am thankful for the Ayurvedic treatment.

DECLARATION OF PATIENTS CONSENT

The authors confirm that they have secured all necessary patient consent forms. In these forms, the patient has agreed to the use of her images and clinical information in the journal. She understands that her name and initials will not be disclosed and that all reasonable measures will be taken to protect her identity, although complete anonymity cannot be assured.

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Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

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Author Contribution

D.D contributed in Table1, Table 2 and Table 3, Table 4 and in conceptualization, wrote Manuscript.

S.K contributed for case preparation as well as for discussion & Conclusion of the case.

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