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Review Article

### SYSTEMIC REVIEW AND ANALYSIS OF RESEARCH ON IRRITABLE BOWEL SYNDROME (*GRAHANI ROGA*)

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#### ABSTRACT

Irritable Bowel Syndrome (IBS) is one of several highly prevalent, multi-symptom gastrointestinal motility disorders that have a wide clinical spectrum. There is no reliable medical treatment for IBS in modern medicine; various efforts have been made to overcome this problem by the virtue of Ayurvedic therapy. In Ayurveda, there is no any direct reference of Irritable Bowel Syndrome. But it can be correlated with *Grahani roga*. Though there is no reliable medical treatment for IBS in modern medicine, various efforts have been made to overcome this problem by the virtue of Ayurvedic therapy. At I.P.G.T. & R.A. extensive research on different Ayurvedic combinations and *Panchakarma* procedure had been carried out to rule out their efficacy in the management of Irritable Bowel Syndrome. So here attempt is done to analyze the research work held at I.P.G.T. & R.A., Gujarat Ayurved University, Jamnagar. In this article systemic review of 5 research work (held in between 2001-2010) had been carried out.

**Keywords:** Irritable Bowel Syndrome, Grahani, Ayurveda, I.P.G.T. & R.A.

#### INTRODUCTION

Irritable Bowel Syndrome (IBS) is one of the most common conditions encountered in clinical practice but one of the least well understood. Irritable bowel syndrome with constipation (IBS-C) is common with a wide variety of presentation having gastrointestinal motility disorder that place a substantial burden on patients and society. Symptoms of this disorder are chronic, sometimes severe, and often respond poorly to treatment with traditional approaches, resulting in reduced quality of life. Because structural, physical, or biochemical markers cannot be used to identify either disorder, diagnosis is symptom-based. In the absence of alarm features suggestive of organic disease or secondary causes of symptoms, these disorders can be positively and confidently diagnosed<sup>1</sup>.

IBS is one of several highly prevalent, multi-symptom gastrointestinal motility disorders that have a wide clinical spectrum and are associated with symptoms of gastrointestinal dysmotility and visceral hypersensitivity.

It has rightly been said by *Vagbhatt* that all the ailment of body, especially diseases of alimentary tract arises due to the malfunction of Agni. IBS is also one such disease which occurs due to the ingestion of unwholesome diet causing disturbances in Agni. Psychological factors like *Kama*,

*Krodha*, *Shoka* etc. leads to *Agnidusti* (*Mandagni* or *Vishmagni* or *Tikshnagni*-collectively it is called *grahani dosha*)<sup>2</sup>.

A careful review of the clinical picture of various GIT diseases, described in Ayurveda reveals that some of the disorders definitely have some clinical symptoms which are also observed in the patients of IBS e.g. *Vataja & Kaphaja Atisara*, *Sangraha Grahani*, *Pravahika*, *Pakvashayagata Vata*. But if we take a look into the *Samprapti* (pathogenesis) of all these diseases, there is a stage of *grahani dosha*. So we may consider IBS as *grahani dosha*

Though there is no reliable medical treatment for IBS in modern medicine, various efforts have been made to overcome this problem by the virtue of Ayurvedic therapy.

At IPGT & RA, Gujarat Ayurved University, Jamnagar; different treatment modalities are testified to rule out their significance in controlling and curing Irritable Bowel Syndrome<sup>3</sup>.

In this article systemic review of 5 research work (held in between 2001-2011) had been carried out. Out of these works, 2 work from the department of Kayachikitsa; 2 from the department of Rasa shastra & Bhaishya Kalpana and 1 work from the department of Dravyaguna. Rupa Lakhani (2002)<sup>4</sup> – In the present research work, *Jiraka* is the main ingredient of

the trial drug. This study was planned to evaluate compared efficacy of *Jirakadyarka* and *Jirakadyarishta* in the disease *Grahani* and to find in which form *Jiraka* (*Cuminum cyminum*) was more efficacious in treating the disease. In this study, patients of *Grahani* were divided into 2 groups. In group A (n=8); *Jirakadyarka* was given in the dose of 15 ml,

twice daily with water as a *anupan* for 21 days. In group B (n=8), *Jirakadyarishta* was given in the dose of 20 ml, thrice daily, after food with water as *anupan* for 21 days. Both the drugs were effective in treating *Grahani*, but however *Jirakadyarka* showed better results in compared *Jirakadyarishta*, in treating *Grahani*. (Table no. 1).

**Table 1: Effect of *Jirakadyarka* and *Jirakadyarishta* on *Grahani***

Cardinal signs & symptoms of <i>Grahani</i>	Gr. A	Gr. B
Muhurbaddha Muhurdrava Malapravritti	69.57% P<0.001	54.17% P<0.001
Sashleshma Malapravritti	70.67% P<0.001	53.85% P<0.01
Frequent (Varamvara) Malapravritti	77.77% P<0.001	40% P<0.001
Udarshula	90% P<0.001	33.33% P>0.1
Amloudgar	62.50% P<0.01	37.49% P<0.05

Ravi Rao Sorake (2002)<sup>5</sup> – This study was undertaken to study the role of folk medicine - *Leucas biflora* Wall (*Grahanibeelu*) on *Grahani* rog. *Grahanibeelu* was collected by scholar from in and around of *Brahmavar* of *Udupi* district with the help of local people. In this study, 18 patients of *Grahani* rog were divided in two groups. In group A (n=10), *Grahanibeelu*

*churna* capsule, 1 gm bid with *takra* as *anupan* for 21 days. In group B (n =8), Starch powder capsule, 1 gm bid with *takra* as *anupan* for 21 days. After completion of the regimen, group A showed statistically highly significant result in all the parameters as compared with group B. (Table no.2).

**Table 2: Effect of *Leucas biflora* Wall (*Grahanibeelu*) a folk medicine on *Grahani***

Cardinal signs & symptoms of <i>Grahani</i>	Gr. A	Gr. B
Muhurbaddha Muhurdrava Malapravritti	82.76% P<0.001	14.14% P<0.001
Sashleshma Malapravritti	96.30% P<0.001	14.29% P> 0.05
Frequent (Varamvara) Malapravritti	85.71% P<0.001	14.29% P> 0.05
Udarshula	100% P<0.001	14.29% P> 0.05
Amloudgar	88.46% P<0.001	10.53% P>0.10

Tushar Solanki (2004)<sup>6</sup> – In this research work, effect of *Somnathi Tamra bhasma* (prepared by two different methods) was assessed on the *Grahani* rog. In this study, *Somanathi Tamra Bhasma* samples were prepared by two methods viz. by electric muffle furnace and by classical furnace (*Valuka Yantra*) in which duration of heat was 12 hours. Clinical study was carried out 14 patients having classical presentation of *Grahani roga*. These 14 patients were divided in two groups. In group A (n=7); *Somnathi Tamra Bhasma* prepared by electric muffle furnace method was given in the capsule form, in the dose of 125 mg, twice daily, after food with honey as *anupan* for the period of 21 days. In group B (n =7); *Somnathi Tamra Bhasma* prepared by classical furnace method was given in the capsule form, in the dose of 125 mg, twice daily, after food with honey as *anupan* for the period of 21 days. Both the groups showed stastically significant results in all cardinal signs and symptoms of *Grahani*. (Table no. 3)

Raksha Mer (2006)<sup>7</sup> – This study was formulated to establish role of *manasik bhavas* (psychic factors) in the pathophysiology of Irritable bowel syndrome. In this study, clinical trial was carried on 22 patients of Irritable Bowel Syndrome (IBS). Patients of IBS were randomly divided in two groups. In group A (n=11); *Kutajadi avaleha* was given in the dose of 10 gm twice a day, before food with warm water for 45 days. In group B (n=11); along with *Kutajadi avaleha*, *Medhya rasayana* granules was administered in the dose of 5 gm twice a day, before food with warm water for 45 days. . Both the groups showed stastically significant results in all cardinal signs and symptoms of IBS but group B showed better result in comparison with group A. (Table. No. 4)

Alpesh P Sorathiya (2009)<sup>8</sup> – Clinical trial in this study was carried out in 48 patients. Patients of classical signs and symptoms of *Grahani* rog was divided into three groups- Gr. A, Gr. B and Gr. C and treated respectively by *Kalingadi*

*Ghanvati* (3 tab b.i.d., each tablet of 500mg in *Adhobhakta kala*), *Tryushnadi Ghrita* (10g twice a day with *anupana* of lukewarm water at *Abhakta kala*) and combination of both (*Ghanvati* and *Ghrita*) for 2 weeks. In Group A, 16 patients had completed the course; while in Group B, 18 patients and

in Group C 14 patients had completed the course. All the groups showed statically significant results in all cardinal signs and symptoms of *Grahani* but Gr. C showed slightly better result in comparison with both the groups. (Table. No. 5).

**Table 3: Effect of *Tamra Bhasma* made by two different procedures on *Grahani*.**

Cardinal signs & symptoms of <i>Grahani</i>	Gr. A	Gr. B
Muhurbaddha Muhurdrava Malapravritti	77.77% P<0.001	72% P<0.001
Sashleshma Malapravritti	69.57% P<0.001	62.50% P<0.001
Frequent (Varamvara) Malapravritti	60% P<0.001	55.60% P<0.001

**Table 4: Effect of *Kutajadi avaleha* and *Medhyarasayana* on *Grahani*.**

Cardinal signs & symptoms of <i>Grahani</i>	Gr. A	Gr. B
Muhurbaddha Muhurdrava Malapravritti	65.22% P<0.001	73.68% P<0.001
Sashleshma Malapravritti	58.82% P<0.001	86.67% P<0.05
Frequent (Varamvara) Malapravritti	22.22% P<0.05	69.23% P<0.001
Udarshula	77.78% P<0.001	83.33% P<0.001
Amloudgar	100% P<0.05	83.33% P<0.05

**Table 5: Effect of *Kallingadi Ghanvati* and *Tryushnadi Ghrita* on *Grahani*.**

Cardinal signs & symptoms of <i>Grahani</i>	Gr. A	Gr. B	Gr. C
Muhurbaddha Muhurdrava Malapravritti	45.31%	50.90%	34.83%
Sashleshma Malapravritti			
Frequent (Varamvara) Malapravritti			
Udarshula	47.78%	54.03%	57.65%
Amloudgar			
Udar gaurav	48.42%	60.59	61.03
Alasya	55.55	71.16	55.95

## DISCUSSION

IBS is widespread in general population, 15% of general populations have some symptomatology suggestive of IBS but they do not seek medical attention. In fact, only 20% of patients who qualify for the diagnosis seek medical advice for the same. It appears to be a great cause of frustration among gastroenterologist 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 Ayurvedic science, this disease can be considered as a *Grahani roga*. Various herbal medications and *panchakarma* (bio-purification) procedures are described in the treatment of *Grahani roga*.

Irritable bowel syndrome is characterized by severe intestinal inflammation. This inflammation is mainly due to local release of pro-inflammatory mediators like cytokines and reactive oxygen species. This release of inflammatory mediators and migration of inflammatory cell, finally causing ulceration of

the mucosa. Drugs like *Kutaj* (*Holarrhena antidysentrica*), *Bilwa* (*Aegle marmelos*), *Jeeraka* (*Cuminum cyminum*) etc. may decrease the production of pro-inflammatory cytokines. Also, these drugs may inhibit the migration of inflammatory cells and thus preventing further ulceration. These drugs are having anti-oxidant property.

## CONCLUSION

Irritable bowel syndrome has strong psycho-somatic base. Hence the type of drug or therapy should be recommended in a way that it can pacify these vitiated *manasik bhavas* (psychic factors) acting as a stressor to correct the deranged psychosomatic set up, resulting in regulating bowel mobility. Hence *medhya rasayana* (psychic rejuvenation) is helpful in treating Irritable Bowel syndrome.

The plus point observed in case of Ayurvedic management is absence of any hazardous effect, which is really a great benefit to the patient and is of vital importance in view of the global acceptance of *Ayurveda*.

## REFERENCE

1. Med GenMed. The Weill Medical College of Cornell University, New York, NY, USA, 2005 Aug 10; 7(3): 71.
2. Agnivesha, 'CharakaSamhita', elaborated by Charaka and Dridhbala with 'Ayurveda-Dipika' commentary, by Chakrapanidatta, by VaidyaJadavaji Trikamaji Acharya, Chaukhmba surbharati prakashana, Gopal Mandir Lane, Varanasi -221 001, (India), reprint 2000; Chakrapani on chikitsa sthan 15/71.
3. Baghel MS, (second edition), Researches in Ayurveda (A classified directory of all India P.G & Ph.D. theses of Ayurveda), MriduAyurvedic Publication & Sales, Jamnagar – 361 002, Gujarat (India), 2005.
4. Rupa Lakhani *et.al.*; A pharmaceutico –clinical study on Arka kalpana and Arishta kalpana w.s.r. to Jirakadyarka and Jirakadyarishta on Grahani; Department of Ras shastra and Bhaishya Kalpana; M.D. (Ayu.) thesis; Gujarat Ayurved University, Jamnagar, 2002.
5. Ravi Rao Sorake *et.al.* A Comprehensive Study on *Leucas biflora Wall (Grahamibeelu)* a folk medicine, Department of Dravyaguna; M.D. (Ayu.) thesis; Gujarat Ayurved Univesrsity, Jamnagar, 2002.
6. Tushar Solanki *et.al.* A pharmaceutical standardization of Somnathi Tamra bhasma and its grahi effect on Grahani roga; Department of Ras shastra and Bhaishya Kalpana; M.D.(Ayu.) thesis; Gujarat Ayurved Univesrsity, Jamnagar, 2004.
7. Raksha Mer *et.al.* A Clinical Study on Mansikbhavas in Irritable Bowel Syndrome and its Management by Kutajadi Avaleha & Medhyarasayana; Department of Kayachikitsa; M.D.(Ayu.) thesis; Gujarat Ayurved Univesrsity, Jamnagar, 2006
8. Alpesh Sorathiya *et.al.* A Clinical Study on the role of Ama in relation to Grahani rog and its management by Kallingadi Ghanvati and Tryushnadi Ghrita; Department of Kayachikitsa; M.D.(Ayu.) thesis; Gujarat Ayurved Univesrsity, Jamnagar, 2009.

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