ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AYURVEDIC MANAGEMENT OF *GRAHANI* W.S.R. TO IRRITABLE BOWEL SYNDROME

Seema Jamra[1], Ratnesh Kumar Shukla[1]*, Shwetal Shivhare[2]

*[1]MD Scholar, [2]Associate Professor, Department of Kaya Chikitsa, Pt khushilal Sharma Govt. Ayurveda College and Institute, Bhopal, MP, India.

Article info

Article History:
Received: 22-07-2025
Accepted: 19-08-2025
Published: 15-09-2025

KEYWORDS:
Pichha Basti, Grahani, IBS, Gut-Brain Axis.

ABSTRACT

Ayurveda provides a comprehensive approach to abdominal and digestive disorders by focusing on the root causes of disease. Among its core concepts is *Grahani*, described as the principal site of digestion and absorption, situated between the *Amashaya* (stomach) and *Nabhi*, referred to as *Pachyamanashaya*. The *Pachakagni* (digestive fire) located here is responsible for processing food and converting it into nutritive essence. Impairment of this *Jatharagni* (*Mandagni*) results in *Grahani Roga*, marked by weak digestion, formation of *Ama* (undigested or toxic residues), and symptoms such as irregular bowel movements, abdominal discomfort, and malabsorption. These clinical features show close similarity with irritable bowel syndrome (IBS) as recognized in modern medicine. This case study highlights the role of *Shamana Chikitsa* and *Piccha Basti* in managing severe IBS, emphasizing the relevance of Ayurvedic management in restoring digestive balance.

INTRODUCTION

In Ayurveda, *Grahani* has been described as the seat of *Agni* and plays a vital role in the process of digestion and assimilation. The strength of *Grahani* is directly dependent on the status of *Agni*. Whenever *Agni* is deranged, *Grahani* loses its *Dharanashakti* (retentive capacity), resulting in improper digestion of food. The cardinal feature of this condition is *Muhur baddha, Muhur drava mala pravritti,* wherein the stool appears alternately well-formed and loose, along with associated complaints like indigestion, abdominal pain, fatigue and malnutrition[1,2]. Thus, *Grahani Roga* is not only a gastrointestinal disorder but also a systemic manifestation of impaired *Agni*.

From a contemporary biomedical point of view, the clinical presentation of *Grahani Roga* shows close resemblance to irritable bowel syndrome (IBS), which is a common functional gastrointestinal disorder. IBS is characterized by recurrent abdominal pain or discomfort associated with altered bowel habits in the form of constipation, diarrhea or alternating stool consistency[3,4]. The etiopathogenesis of IBS is multifactorial, involving disturbances of the gut–brain axis, visceral hypersensitivity, altered motility, dietary factors and psychological stress. Although structural abnormalities are not evident, the disease significantly affects the quality of life and has considerable social and economic impact[4]. The prevalence of irritable bowel syndrome (IBS) is estimated to be 10–15% in developed countries, with a global average of approximately 11.2%. However, rates vary considerably across regions, ranging from 1.1% to 45%, depending on the country surveyed and the diagnostic criteria applied. IBS appears to be more common in South America and less frequent in Southeast Asia. In Western populations, it is reported to occur twice as often in women compared to men and is typically diagnosed before the age of 45. [5,6,7]

A comparative evaluation reveals that *Grahani Roga* and IBS share striking similarities, particularly in terms of altered bowel habits, chronicity, association with stress and diet, and absence of gross pathological changes [3,4,8]. In Ayurveda, the condition is attributed to *Mandagni* and *Dosha* imbalance, whereas modern science explains it on the basis of altered neuromuscular and psychosomatic mechanisms. Despite differences in theoretical explanation, both systems recognize the central role of impaired digestion in the disease process. Hence, *Grahani Roga* may be considered as the Ayurvedic counterpart of IBS, and integrative approaches combining AyuIrvedic principles of *Agni deepana* and *Pachana* with evidence-

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v13i8.3813

based modern management may provide better therapeutic outcomes.[8]

Samprapti of Grahani [9,10,11]

Unwholesome food & irregular lifestyle

⇓

Impairment of *Agni* (*Mandagni*)

⇓

Formation of *Ama* (undigested toxic material)

⇓

Weakening of *Dharana Shakti* (retentive power of *Grahani*)

⇓

→ *Muhur baddha, Muhur drava mala pravritti* (alternating formed and loose stools), Associated features: Indigestion, abdominal pain, weakness, malnutrition

Pathogenesis of Irritable Bowel Syndrome [12,13]

Genetic predisposition + Environmental factors

⇓

Altered Gut–Brain axis

⇓

Visceral hypersensitivity and abnormal gut motility

⇓

Psychological stress and dietary triggers

⇓

Altered intestinal microbiota

⇓

Symptoms: Recurrent abdominal pain, bloating, altered bowel habits (constipation/diarrhea/mixed) (reduced quality of life, chronic functional GI disorder)

MATERIAL AND METHOD

Assessment Criteria

Demographic data

- Age: 45 years
- Sex: female
- Religion: Hindu
- Education: Higher secondary
- Occupation: House wife
- Marital status: Married
- Socio-economic status: Lower middle class

Presenting complaints with duration

A 45-year-old Female patient came to the OPD of Pt. Khushilal Sharma Govt. Ayurveda Hospital, Bhopal with complaint of Increased frequency of stool with small quantity (5-6 episodes of loose stool/day), stools mixed with mucus, abdominal pain, bloating, increased gas formation and general weakness, since last 20 years.

No H/O-HTN, DM

Past history- Patient was suffering with anxiety and emotional imbalance due to the family issues.

Surgical history- Hysterectomy in 2010.

Family history- No related family history.

Personal History- Patient had disturbed appetite pattern and sleep interrupted.

Systemic examinations

No any other abnormalities were detected during systemic examinations.

Investigations

HbA1c – 5.5%

U.S.G whole abdomen- Findings are within normal limits.

Diagnostic Criteria

Based on chief complain, history of present illness, past history and clinical findings, the case was diagnosed as *Grahani roga* and with the help of investigation correlation with IBS was established.

Muhurbaddha/Muhurdrava Mala Pravritti

Grade	Criteria
1	Passing of normal consistency stool (1 time/day)
2	Passing of stool irregularly, without pain (1-2 times/day)
3	Passing of stool just after meal, irregularly with pain (2-3 times/day)
4	Passing of stool just after the meal, irregularly with pain (more than 4 times/day)

Adhmana

Grade	Criteria
1	No distention of abdomen.
2	Occasionally/ once or twice in a week.
3	Distention of abdomen after taking meal upto 1-3 hours.
4	Distention of abdomen after taking meal more than 4 hours.

Tikta amlodgara

Grade	Criteria
1	No complaint
2	Occasionally/once or twice in a week
3	3-5 days in a week
4	5-7 days in a week

Shleshma mala Pravritti

Grade	Criteria
1	No visible mucus in stool.
2	Visible mucus and sticky stool.
3	Passage of mucus, frequent with stool.
4	Passage of large amount of mucus frequently with stool.

***Udara shula* or discomfort**

Grade	Criteria
1	No abdominal pain
2	Occasional/rarely abdominal pain
3	Intermittent lower abdominal pain and Relieved by passage of flatus and stool
4	Continuous pain not relived by passage of flatus and stool

Sense of incomplete evacuation

Grade	Criteria
1	No sense of incomplete evacuation.
2	Sense of incomplete evacuation till two motions.
3	Sense of incomplete evacuation till 3 to 4 motions.
4	Sense of incomplete evacuation even more than 4 motions.

Treatment

***Shodhana – Pichha Basti* as *Kala basti* pattern. (15 days)**

Piccha Basti [14,15]

Poorva Karma

Prior to administration, the patient underwent *Sarvanga Snehana* (oleation therapy) followed by *Swedana* (sudation) using *Moorchita Tila Taila* and *Mridu Vashpa Swedana.*

Pradhana Karma

For the procedure, the patient was positioned in the left lateral posture to facilitate the introduction of *Basti*.

Composition of *Piccha Basti*- *Shalmali Vrinta Kashaya*, *Ghrita* (clarified butter), *Madhu* (honey), *Ksheer.*

***Kalka Dravya (*herbal paste*): Manjishta Churna, Mocharasa Churna, Lodhra Churna, Nagakesara Churna, Yashtimadhu Churna, Rasanjana Churna.*

Additional Materials Required- Syringe, catheter (size 8), sterile gloves.

Method of Preparation of *Piccha Basti*

The preparation of the enema mixture follows a specific order to ensure proper blending:

1. Begin by adding honey and a small quantity of rock salt, mixing them well.
2. Next, incorporate *Ghrita* and stir thoroughly.
3. Then, add the fine herbal paste (*Kalka*) prepared from the *Manjishthadi* drugs.
4. Finally, add the decoction (*Shalmali Vrintadi ksheerkalpa*).

***Shamana* Medicines**

1. *Swarna Parpati*	125mg =1BD	15 Days
2. Herbal Combination *Ashwagandha 75mg+ Brahmi 100mg + Malkangani 100mg + Jatamasi 50mg + Vacha 50mg + Shankhapushpi 75mg*	1 BD	15 Days
3. *Bilwadi Lehya*	5gm BD	15 Days

RESULT AND OBSERVATION

S.No.	Symptoms	Before Treatment	After Treatment	Relief in Percentage
A	*Muhurbaddha/Muhurdrava Mala Pravritti*	4	2	50%
B	*Adhmana*	3	2	33.3%
C	*Tikta-Amlodgara*	4	1	75%
D	*Shleshma mala Pravritti*	4	2	75%
E	*Udara shula*	3	1	66.7%
F	Sense of incomplete evacuation	4	1	75%
	Average Relief in percentage			**62.66%**

DISCUSSION

In Irritable Bowel Syndrome (IBS), *Piccha Basti* functions through multiple therapeutic pathways. It provides a protective layer over the intestinal mucosa, thereby reducing irritation and supporting mucosal repair. Its *Sangrahi* (absorbent) action minimizes excess fluid within the colon, which helps in reducing diarrhea and mucus secretion. The formulation also exhibits anti-inflammatory, hemostatic, and wound-healing properties that alleviate abdominal discomfort, bleeding, and ulcerative changes also. By regulating *Apana Vata*, it restores the normal rhythm of bowel evacuation and relieves tenesmus. From a contemporary perspective, these effects correlate with mucosal protection, modulation of inflammation, antioxidant support, and a positive influence on gut microbiota, collectively contributing to improved intestinal function and symptom relief in IBS. [16,17,18,19,20]

The medicinal applications of gold have been acknowledged since ancient times, with references found in Indian, Arabic, and Chinese medical texts dating back to around 2500 BC. In the therapeutic approach to Irritable Bowel Syndrome, *Swarna Parpati* has been employed as an effective oral formulation. It is a classical preparation composed of *Shuddha Parada* (purified mercury), *Shuddha Gandhaka* (purified sulphur), and *Swarna Bhasma* (calcined gold). This unique blend is described to harmonize the *Tri-doshas-Vata, Pitta,* and *Kapha-* thereby restoring gastrointestinal balance. Beyond its traditional role, it is endowed with antacid, antiseptic, and mucosal healing properties, which collectively contribute to symptomatic relief in IBS by improving digestion, reducing inflammation, and promoting intestinal resilience. [21,22,23]

A novel polyherbal formulation has been designed to address the complex pathophysiology of irritable bowel syndrome (IBS) by acting simultaneously on the gastrointestinal tract and the central nervous system. The formulation comprises six botanicals: *Ashwagandha (Withania somnifera, 75mg), Brahmi (Centella asiatica, 100mg), Malkangni (Celastrus paniculatus, 100mg), Jatamansi (Nardostachys jatamansi, 50mg), vacha (Acorus calamus, 50mg),* and *Shankhpushpi (Convolvulus pluricaulis*, 75mg). The selection of these herbs is based on both classical Ayurvedic principles and contemporary pharmacological insights. *Withania somnifera* has demonstrated significant anti-inflammatory effects in experimental models of colitis, where it enhanced mucosal healing. *Centella asiatica* contributes to alleviation of intestinal inflammation through its ability to strengthen gut barrier integrity by upregulating tight junction proteins, while also exerting beneficial effects on microbial composition. The inclusion of *Acorus calamus* is supported by evidence of its neuroprotective and mood-stabilizing activity, which may be particularly relevant to the psychological comorbidities frequently associated with IBS. While specific studies correlating *Celastrus paniculatus*, *Nardostachys jatamansi*, and *Convolvulus pluricaulis* with IBS are limited, their longstanding use as *Medhya Rasayanas* (nootropic and adaptogenic agents) suggests potential in mitigating stress-related gut dysfunction and enhancing neural resilience. Collectively, the herbal constituents are expected to act

through complementary and overlapping mechanisms, providing a holistic therapeutic strategy that addresses both gastrointestinal dysfunction and the gut–brain axis in IBS. [24,25,26,27]

In the management of *Grahani Roga*, classical texts advocate the administration of *Madhura*, *Sheeta* and *Drava Ahara* to restore *Pachakagni* and stabilize *Grahani*. Formulations such as *Bilwadi Avaleha*, composed of *Bilwa (Aegle marmelos), Twak (Cinnamomum zeylanicum), Ela (Elettaria cardamomum), Maricha (Piper nigrum), Nagakesara (Mesua ferrea)* and others, play a pivotal role. Although many of its constituents possess *Katu Rasa* as a dominant taste, their quantity is minimal and therefore does not adversely influence systemic balance. *Katu Rasa* with *Laghu-Ruksha Guna, Ushna Veerya, and Katu Vipaka* exerts a *Vata-Pittahara* effect while promoting *Deepana* and *Pachana* actions, thus correcting *Agnimandya*. Ingredients like *Jeeraka* (*Cuminum cyminum), Shunthi (Zingiber officinale),* and *Pippali (Piper longum)* enhance digestion, improve appetite, and pacify aggravated *Vata*, thereby reducing classical symptoms such as *Chardi Vega* (emesis) and *Hrullasa* (nausea). The *Kashaya Rasa* of *Bilwa Moola* further aids in *Kleda Shoshana*, which helps in controlling excessive salivation (*Praseka*). Moreover, drugs like *Twak*, *Ela* exhibit *Hrudya* and *Balya* properties, strengthening the digestive system and supporting *Dhatvagni* for proper absorption and nutrition. *Pathya Ahara* such as *Mudga Yusha, Laaja Manda, Dadima, and Draksha* are also emphasized; they possess *Madhura* and *Kashaya Rasa*, act as *Sthambhaka* and *Vata-Kapha Shamaka*, while *Mudga* shows anti-spasmodic activity promoting smooth muscle relaxation in the gastrointestinal tract. Collectively, these dietetic and pharmacological measures strengthen *Agni*, regulate bowel function, and reduce classical manifestations of *Grahani*. [28-34]

Taken together, this therapeutic protocol targets multiple aspects of *Grahani Roga* i.e., *Pichha Basti* provides local mucosal relief, *Swarna Parpati* restores systemic digestive fire, *Medhya Aushadhi* modulate psychogenic triggers, and *Bilwadi Lehya* offers sustained bowel regulation. Such an integrative approach demonstrates potential for improving digestive stability and enhancing overall quality of life in affected patients.

CONCLUSION

The case study highlights that *Grahani Roga* (IBS) requires an approach addressing both local pathology and systemic imbalance. The use of *Piccha Basti* proved beneficial by protecting the intestinal mucosa, reducing excess secretions, alleviating inflammation, and normalizing *Apana Vata* function. These effects collectively contributed to symptomatic relief in diarrhea, abdominal discomfort, and tenesmus. When interpreted in modern terms, its actions parallel mucosal protection, anti-inflammatory activity, and modulation of gut microbiota, thereby improving intestinal integrity and bowel regularity. This case emphasizes the relevance of classical *Ayurvedic* interventions like *Piccha Basti* in managing chronic gastrointestinal disorders such as IBS, and suggests the need for further clinical evaluation to validate its therapeutic potential.

REFERENCES

1. Patil N. The Conceptual study of Grahani Dosha with special reference to Bruhatrayee. Ayurlog: National Journal of Research in Ayurved Science.
2. Shete AS, Nakel MP. An Observational Study of Grahani Roga as a Lifestyle Disease and its Hetus with Special Reference to Role of Agni. Ayurline: Int J Res Indian Med. 2019; 3(4).
3. Shashikala V, Beena MD. An Ayurvedic approach of Vataja Grahani vis-à-vis Irritable Bowel Syndrome - A Case Study. J Ayurveda Integr Med Sci.
4. Sharma V, Pathariya S, Lodhi S. Ayurvedic Perspective of Irritable Bowel Syndrome as Grahani - Assessing the Effectiveness of a Holistic Treatment Approach. J Ayurveda Integr Med Sci. 2025; 10(6): 369-73.
5. National Institute of Diabetes and Digestive and Kidney Diseases. Definition and facts for irritable bowel syndrome. Bethesda: NIDDKD; 2015 Feb 23 [cited 2016 Mar 29].
6. Chey WD, Kurlander J, Eswaran S. Irritable bowel syndrome: a clinical review. JAMA. 2015 Mar; 313(9): 949-58. doi:10.1001/jama.2015.0954. PMID: 25734736.
7. Lovell RM, Ford AC. Global prevalence of and risk factors for irritable bowel syndrome: a meta-analysis. Clin Gastroenterol Hepatol. 2012 Jul; 10(7): 712-21. e4.
8. Chauhan YS, Shukla GS, Agarwal R, Goyal M, Singh RP. A comprehensive review of Ayurvedic Grahani Roga: Parallels and divergences with modern GI disorders.
9. Agnivesha. Charaka Samhita, Chikitsa Sthana 15/ 44–51, elaborated by Charaka and Dridhabala, with Ayurvedadipika commentary by Chakrapani datta. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
10. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana 10/1–6. Varanasi: Chaukhambha Orientalia; 2017.
11. Sushruta. Sushruta Samhita, Uttara Tantra 40/169. Varanasi: Chaukhambha Krishnadas Academy; 2012.
12. Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier; 2018. Chapter: Gastroenterology - irritable bowel syndrome.
13. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal

Medicine. 21st ed. New York: McGraw-Hill Education; 2022. Chapter: Functional Gastrointestinal Disorders (IBS).
14. Agnivesh, Charaka Samhita Chikitsastana Elaborated by Charaka and Drudhabala, commentary by Sri Chakrapanidatta, edited by Vaidya Trikamji Acharaya, prologued by Prof. R H Singh; Chuakahamba Subharti Prakasan, Varanasi 2017; 552: 19-70.
15. Sushruta. Sushruta Samhita, Uttar Sthana, Elaborated by Sri Dalhan and Sri Gayadash, hindi Commentry by Dr Kebal Thakral; Chaukhamba Orientalia, Varanasi second 2016; 298: 40-10.
16. Sharma S, Sharma R. Critical insights into the therapeutic potential of Piccha Basti - A review. Int Res J Ayurvedic Med. 2024; 7(5): 1052-1219.
17. Shrivastava R, Sharma V. The role of modified Piccha Basti in the management of Ulcerative Colitis – A case study. J Ayurveda Integr Med Sci. 2023; 8(2): 107-12.
18. Patel H, Suthar P. Piccha Basti – A Review. JETIR. 2018; 5(4): 479-83.
19. Kumar S, Tiwari P. A critical analysis on Piccha Basti with special reference to its probable mode of action. Int J Biol Pharm Allied Sci. 2022; 11(3): 1088-96.
20. Tiwari R, Patel K. Piccha Basti and Nilotpaladi Yoga in the management of ulcerative colitis – A case report. J Ayurveda Case Rep. 2018; 1(2): 22-25.
21. Patel SD, Samantaray MK, Vikram S. Review article on Swarna Parpati with special reference to Aushadhi Gundharma Shastra. J Ayurveda Integr Med Sci. 2020 Oct 31 [cited 2025 Sep 05]; 5(05): 438-40.
22. Suvarna Parpati (With Gold) product description-noted antiseptic and antacid properties in traditional context. Available via commercial Ayurvedic pharmacy listing.
23. Review of Swarna Parpati uses in chronic gastrointestinal disorders (Grahani, etc.), including formulation details and clinical indications.
24. Rectal gel application of Withania somnifera root extract expounds anti-inflammatory and muco-restorative activity in TNBS-induced Inflammatory Bowel Disease. BMC Complement Altern Med. 2011; 11: 34.
25. Ethanol extract of Centella asiatica alleviated dextran sulfate sodium-induced colitis: Restoration on mucosa barrier and gut microbiota homeostasis. J Ethnopharmacol. [cited 2025]
26. In vitro and in vivo effects of Centella asiatica on intestinal inflammatory models and identification of its bioactive components. J Pharmacol Sci. 2025;
27. An Investigation into the Neuropharmacological Activities of Acorus calamus Linn. Acta Pharm Indones. [cited 2025]
28. Agnivesha. Charaka Samhita, Chikitsa Sthana 15/44–51, with Ayurveda Dipika commentary by Chakrapanidatta. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
29. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana 10/1–6. Varanasi: Chaukhambha Orientalia; 2017.
30. Sushruta. Sushruta Samhita, Uttara Tantra 40/169. Varanasi: Chaukhambha Krishnadas Academy; 2012.
31. Panda AK, Misra S. Health traditions of Sushruta and Charaka: A comparative analysis. Bull Indian Inst Hist Med Hyderabad. 2016; 46(1): 55-64.
32. Sharma PV. Dravyaguna Vigyana Vol II. Varanasi: Chaukhambha Bharati Academy; 2013.
33. Baliga MS, et al. Scientific validation of the ethnomedicinal properties of Aegle marmelos (L.) Corr. (Bael): A review. Chin J Integr Med. 2013; 19(10): 774-779.
34. Srinivasan K. Black pepper and its pungent principle-piperine: A review of diverse physiological effects. Crit Rev Food Sci Nutr. 2007; 47(8): 735-748

Cite this article as:
Seema Jamra, Ratnesh Kumar Shukla, Shwetal Shivhare. Ayurvedic Management of Grahani w.s.r. to Irritable Bowel Syndrome. International Journal of Ayurveda and Pharma Research. 2025;13(8):80-85.
https://doi.org/10.47070/ijapr.v13i8.3813
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Ratnesh Kumar Shuklan
MD Scholar,
Department of Kaya Chikitsa,
Pt Khushilal Sharma Govt. Ayurveda College and Institute, Bhopal, MP, India.
Email:
drratneshkumarshukla@gmail.com