

An Ayurvedic Perspective On Conservative Management Of Grahani Dosh W.S.R. To Inflammatory Bowel Syndrome - A Case Study

Dr. N Shivayogiswami¹, Dr. Keertan M S^{2*}, Dr Yashwanth S J³, Dr.Gaurihar Sarakale⁴, Dr G Rangaswami⁵, Dr. Deepika G S⁶

¹Post Graduate Scholar, Department of Roganidana, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India- 590003. Email- shivayoginamastemath@gmail.com. ORCID- 0009-0007-5197-826

^{2*}Professor, Department of Roganidana, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India- 590003. Email- keertanms@gmail.com. ORCID- 0000-0002-6006-1812

³Post Graduate Scholar, Department Kayachikitsa, Taranath Government Ayurveda Medical College. Email- Yashusj17@gmail.com

⁴Department of Kayachikitsa, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belgavi, Karnataka, India. Email: sarakalegaurihar@gmail.com. ORCID: <https://orcid.org/0009-0001-9972-9058>

⁵Post Graduate Scholar, Dept of RogaNidana, Banaras Hindu University Varanasi-221005 Uttar Pradesh, India. Email: rangaswamirangu1999@gmail.com

⁶ Post Graduate Scholar, Department of Roganidana, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India- 590003. Email: deepikags08091998@gmail.com

ABSTRACT

Introduction: Grahani is a common gastrointestinal disease in nowadays. It is linked to Ajirna, Ama, Agnidushti and stress-induced, and it is commonly caused by inappropriate Ahara-Vihara. Grahani, located between Amashaya and Pakvashaya, is the seat of Jatharagni and is related to Pittadhara Kala, which is in responsible for holding Aahara until Avasthapaka is completed. The Symptoms such as alternate hard and loose bowel movements, abdominal discomfort, foul-smelling and mucus in the stool. According to contemporary science, those symptoms resemble IBS(Irritable Bowel Syndrome).in modern medicine. **Clinical findings:** On May 11, 2025, a 34-year-old female presented to the outpatient department of KLE Shri BMK Ayurveda Mahavidyalaya with complaints of impaired digestion. The patient experienced seven to eight episodes of loose stool accompanied by mucus and occasionally blood. Additionally, she complaints abdominal bloating, loss of appetite, generalized weakness, abdominal discomfort associated with gurgling sounds and gradual weight loss of approximately 5 kilograms over the past six months. The patient received Picchabasti, Nasya, and Shamanoushadi including Deepana-Pachana, resulting in significant symptomatic and clinical improvement. **Intervention:** Ayurvedic management includes Abhyanga, Swedana, Picchabasti, Nasya, and Deepana-Pachana oral drugs for 60 days. **Outcome:** Clinical parameters of standard gradation scale were assessed pre and post treatment. .Post treatment of grahaniroga results in conversion of severe gradings of assessed parameters into milder form. **Conclusion:** This case study depicts effectiveness of Ayurvedic interventions in managing Grahaniroga. The combined effect of Shodhana and Shamanoushadis leads to Agni vruddhi and helps in effective management of grahaniroga.

Keywords: Case report, GrahaniRoga, Irritable Bowel Syndrome, Picchabasti.

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INTRODUCTION

Grahani is the main seat of *Agni*, Food must be held in *Grahani* until it is fully digested before being transferred to the *Pakwashaya*. *Grahaniroga* is *tridoshatmaka*, a digestive system illness brought on by *kledaka kapha*, *samanvayu*, and *pachakagni* vitiation. *Muhurbaddha-muhurdravamalapravrtti*, *amayuktamalapravrtti*, *udarashoola*, *antrakujan*, *arochaka*, *klama*, and other symptoms. [1] Irritable Bowel Syndrome (IBS), a similar condition in modern medicine, abdominal discomfort and abnormal bowel function are features of irritable bowel syndrome (IBS), a functional illness. Approximately 5% to 10% of people worldwide are affected. IBS is primarily a functional gut motility disorder diagnosed in the absence of any detectable structural abnormalities. Recently, a Rome III criterion was established for clinical diagnosis of the illness. [2] In India, IBS shows a higher prevalence among males, with a female-to-male ratio of 1:3, commonly affecting individuals between 20–40 years of age. The symptoms are frequently nonspecific and include exhaustion, increased gastro colic reflex, pellet-like stool, altered bowel patterns that alternate irregularly between constipation and diarrhoea, and vague discomfort in the stomach. Approximately 20% of patients report weight loss. [3] According to *Acharya Agnimandhya* is the fundamental pathology in *grahani*. *Grahani* and *Agni* share a mutual dependence, as proper functioning of *Grahani* is impossible without balanced *Agni*. [4] As per *Acharya Sushruta*, *Pittadhara Kala*, the mucosal layer situated between *Amashaya* and *Pakwashaya*(colon), is identified as *Grahani*. [5] When the function of *Grahani* is disrupted because of the vitiation of *Samana Vayu*, *Kledaka Kapha*, and *Pachaka Pitta*. In chronic situations, *Doshas* like *Apana Vata* and

Prana Vata may also become *Tridoshaja Vyadhi*. *Grahaniroga* is of great clinical significance since it is one of the *Ashta Mahagadas*(eight major ailments). [6] Clinically, *Grahaniroga* presents with features such as *Muhurbaddha-Muhurdrava Malapravritti* (alternating constipation and diarrhea), *Udarashoola*(abdominal pain),*Antrakujana* (gurgling sounds in abdomen), *Arochaka*(anorexia), *Klama*(fatigue), among others — which closely resemble the symptoms of IBS. Given this overlap, IBS can be managed effectively by adopting the Ayurvedic treatment protocol for *Grahaniroga*, which involves a combination of *Shodhana* (purificatory therapies) and *Shamana* (palliative measures).

CASE REPORT: A 34-year-old woman came to the outpatient department of the KAHER Shri B. M. K. Ayurveda Hospital to get help for persistent stomach problems. She was healthy until about eight months ago when she began experiencing loose stools seven to eight times a day and poor digestion. These episodes were sometimes accompanied by mucus and blood, loss of appetite, generalized weakness, discomfort of abdomen associated with gurgling sound and gradual weight loss of 5 Kgs in the last 6months. The patient had previously consulted local physicians without experiencing relief, Later she approached our hospital for Ayurveda management. She is not a known case of Diabetes Mellitus and Hypertension.

Personal History Diet: Excessive *Guru Ahara* (heavy meal), *Katu*, *MamsaSevana* (meat), *Dadhi* (curd), and *ViruddhaAhara* (incompatible food),Appetite is reduced, Bowel Loose stool with mucus & sometimes blood 7 to 8 episodes /day, Micturition 4-5 times per day, Sleep is Disturbed.

Table 1: Laboratory investigations

S No	Investigations	Before Treatment	After Treatment
1.	Haemoglobin	9.8gm/dl	10.3g/dl
2.	WBC	12600 cells/cmm	7200 cells/cmm
3.	ESR	50mm/first hour	20 mm/first hour
4.	Stool Routine Examination		
	Colour	Yellowish	Yellowish
	Consistency	Mucous	Absence of mucous
	Undigested food	Present	Absent
	Pus cells	>100 /hpf	20/hpf

Table 2 Time line Intervention *Shodana&Shamana*

11-05-2025	<i>Sarvang Abhyanga</i> with <i>Ksheerabala taila</i> (whole body massage) followed by <i>Sarvangaswedana</i> (wood chamber steam), <i>Matra Basti</i> with <i>Yasthimadhu taila</i> 60ml <i>Nasya</i> with <i>Karphasyahasthitaila</i> 6 drops each nostril	<i>Shamanoushadi</i> <i>KaideryadiKashaya</i> - 3tsp Thrice a day after food <i>Kutajaganavati</i> 2tablets Thrice a day after food <i>Mahashankavati</i> 1tablet Thrice a day Before food <i>Laghusutashekara rasa</i> 1tablet Thrice a day Before food <i>Bhoonimbadya Choorna</i> one teaspoon with Lukewarm water twice a day After food	
12-05-2025 to 17-05-2025	<i>Sarvang Abhyanga</i> with <i>Ksheerabala taila</i> (whole body massage) followed by <i>Sarvangaswedana</i> (wood chamber steam), <i>Piccha Basti</i> at Morning <i>Matra Basti</i> with <i>Yasthimadhu taila</i> 60ml <i>Nasya</i> with <i>Karphasyahasthadi taila</i> 6 drops each nostril	<i>PicchaBasti</i> Retention : 5 mins Frequency :2 episodes Consistency : Liquid	
Shaman chikista			
<i>Shamanoushadi</i>	Content	Dose & Frequency	Time of Administration
<i>Kaideryadi kashaya</i>	The ingredients are <i>Naagara, Kaidarya, Haritaki</i> and <i>Patola</i>	3tsp-3tsp-3tsp	For 2 months After food
<i>Kutaja Ganavati</i>	<i>Kutaja , Ativisha</i>	1tablet Thrice a day	2months After food
Mahashankha vati	Romakasalt, vidadalt, common salt, sauvarchalasalt ,rock salt, asafoetida , <i>shankhabhasma</i> , <i>chinchakshara</i> , dry ginger, black pepper, long pepper, sulphur , mercury, purified <i>vatsanabha</i> . water decoction of (<i>chitraka</i> , <i>apamarga</i> , <i>amlavarga dravyas</i> i.e. <i>tamarind</i> , <i>lemon</i>)	1 tablet Thrice a day	Before food 2 month
<i>Laghu soothashekara rasa</i>	<i>Swarnagairika</i> - Iron Oxide -240 g <i>Shunti</i> - (rhizome) - <i>Zingiberofficinalis</i> - powder -120 g <i>Nagavalli</i> Betel leaf juice extract - <i>Piper betel</i>	1 tablet Thrice a day	Before food 2months
<i>Bhoonimbadyachoorna</i>	<i>Chirayita</i> 1part, <i>Katuki</i> 1part, <i>Sunthi</i> 1part, <i>Marich</i> 1part, <i>Nagarmotha</i> 1part, <i>Inderjau</i> 1part, <i>Chitraka</i> 2part, and <i>Vatsak</i> 16part.	1tsp Thrice a day with Luke warm water	Before food 2 months

Table 3 Assessment of Clinical Features based on Gradation System

SI NO & Clinical feature	Parameter	Grading	Before treatment	After 15 days of treatment	After 30 days of treatment
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<i>Baddha mala</i>	Normal once daily Alternative days Once in two days Once in three days Once in four or more days	0 1 2 3 4	4	0	0
<i>Muhurdrava mala pravritti</i>	Normal once daily Twice daily 3-4 times daily 5-6 times daily >6times daily	0 1 2 3 4	4	1	0
<i>Udarashula</i> or discomfort	No abdominal pain Occasional/rarely abdominal pain. Intermittent lower abdominal pain Relieved by passage of flatus and stool Continuous pain not relived by passage of flatus and stool	0 1 2 3 4	4	2	0
Sense of incomplete evacuation	No sense of incomplete evacuation Sense of incomplete evacuation till two motions Sense of incomplete evacuation till 3 to 4 motions Sense of incomplete evacuation till 5 to 6 motions Sense of incomplete evacuation even after 6 motions	0 1 2 3 4	3	1	0
Consistency	Semisolid Solid Very hard stool with pellets Watery stool	0 1 2 3	3	0	0
<i>Amayukta mala</i> (mucus in stool)	No visible mucus in stool Visible mucus sticked to stool Passage of mucus with frequent stool Passage of large amount of mucus in stool	0 1 2 3	3	1	0

FOLLOW UP AND OUTCOMES

The Patient was instructed for follow up on a regular basis after *Basti* and the changes were evaluated. There was a significant improvement in symptoms such as appetite, reduced loose stool with mucus & abdominal pain weight gain around 2kgs. Patient can now move around freely without any discomfort and join social gathering

3. DISCUSSION

In *Ayurveda*, the symptoms suggest the clear presence of *Grahani* which is due to *Mandagni*. As per this alternative therapy system, the imbalance of the *tridosha* and *mandagni* is the main reason for occurrence of

diseases. Since *Agnimandhya* is a major factor in the *grahani samprapti*, medicines with *deepena* and *pachana* should be used primarily to cure *Agnivardhana*. All of the *Ajeerna* and *Atisara* therapy modalities should be used to manage *Grahani Ashrita Dosha*.

Action of Basti- *Basti* therapy can also cause reverse peristaltic movements, it reduces the colon's atypical high-amplitude propagated contractions. *Basti* offers direct access to the colon and rectum, which means that therapeutic agents can be administered through this route and effectively reach the site of inflammation or ulceration without being altered or degraded by gastric secretions. [7]

Properties of drugs used in Pichhabasti – Salmaliamalabarica (DC) Schott & Endl, also known as *Shalmali*, is the main and most prevalent component in all traditional *PichhaBasti* formulas. This plant is a part of *Vedanasthapana Kashaya*, *Purishavirajaniya*, and *Shonitasthapana*. *Pichha basti* is made from the stem of *shalmali* as well as gum resin. It possesses analgesic, immunomodulatory, antimicrobial, antioxidant, anti-inflammatory and anti-diarrheal qualities. [7]. **Action of shamanoushadi's:** *Lagusutashekara rasa* is having *Deepana-Pachana karma*, as it contains *shunti*, which causes *Amapachana* and thus provides proper metabolism and ultimately balances the *Agni*, it functions as an anti-toxin and detoxifier. [8] *Kutajagana vati* is used to treat digestive problems and contains alkaloids like Kurchibismuth iodide and cones sine. It also has anti-dysentery and anti-diarrheal qualities. [9] *Kaidaryadi Kashaya* is *Tridosahara* and *Deepana-Pachana* in nature since it contains *Katu*, *Tikta*, and *Kashaya Rasa* along with *Laghu*, *Ruksha Guna*, *Ushna Veerya*, and *Katu vipaka*. Its ingredients like *Shunti*, *Kaidarya*, *Patola*, and *Haritaki* act as *Agnivardhaka*, *Krimighna*, and *Srotoshodhaka*, promoting *Vatanulomana* and reducing *Ama* and *Kleda*. Through active phytochemicals like gingerols, carbazole alkaloids, chebulinic acid, and saponins, it has been shown in recent studies to have cytoprotective, anti-secretory, and antioxidant properties. Thus, it is effective in managing *Grahaniroga*, *Udarashoola*. [10] *Agnimandya* (low digestive fire) is the context in which *Mahashankha vati* is mentioned. *Mahashankha vati* was helpful in enhancing digestion in *grahani* patients, which may further result in *vatanulomana*. [11] *Bhunimbadya churna* contains *Chirayita*, *Kutki*, *Sunthi*, *Marich*, *Nagarmotha*, *Inderjau*, *Chitraka*, and *Vatsak*. These medicines possess the qualities of *Dipana*, *Pachana*, *Jvaraghna*, *Vranasodhana*, *Trsnapaha*, *Ruchya*, are *Amadhosahara*. It is *Grahi* due to *Kashaya rasa*, it has *Katu*, *Tikta rasa*, which elevates *Agni*. It eliminates *Kapha avarana* by penetrating deep into *Srotas* with the *Ruksha Laghu guna*. Most drugs have qualities of *Kapha pitta Shamak*. The components of *Bhunimbadya Churna* are said to possess anti-inflammatory, anti-hyperglycemic, hypolipidemic, antioxidant, and other therapeutic properties. [12]

4. CONCLUSION

In this case study, IPD treatment for seven days and OPD treatment for sixty days both shown full remission and good improvement. This case study demonstrates the efficacy of Ayurvedic management in *Grahani roga* concerning Irritable Bowel Syndrome (IBS). The combination of *Shodhana* (*Abhyanga*, *Swedana*, *Pichhabasti*, *Nasya*) and *Shamana* therapies (*Kaidaryadi Kashaya*, *Kutajaganavati*, *Mahashankhavati*, *Laghusutashekhara Rasa*, and *BhunimbadyaChurna*) greatly decreased loose stools with mucus, stomach pain,

and weakness, while increasing appetite, bowel regularity, and overall strength. Clinical enhancements indicated the reestablishment of *grahani lakshanas* and Investigations. *Basti* gave localized relief, while oral formulations helped with *Deepana-Pachana* and *Grahi* actions. Overall, Ayurvedic management was a safe and effective conservative treatment for *Grahani/IBS*. However, more clinical studies are needed to confirm these findings. The excellent Ayurvedic treatment of *Grahani Dosha*, which is associated with Inflammatory Bowel Syndrome (IBS), is highlighted in this case report. *Shodhana* and *Shamana Chikitsa's* comprehensive treatment plan showed notable clinical improvement in both subjective and objective metrics. In addition to *Deepana-Pachana* medicines, the combination of *Abhyanga*, *Swedana*, *Nasya*, and *Basti* therapies successfully restored the balance of *Agni* and regulated bowel patterns. Assessments conducted after therapy showed a significant decrease in symptoms, including weakness, bloating, stomach pain, and frequent loose stools with mucus. ESR and WBC counts were among the laboratory results that showed improvement, pointing to systemic advantages beyond clinical alleviation. The ability of *Pichha* and *MatraBasti* to balance the *Vata* and *Pitta Doshas*, increase *Agni*, and encourage the repair of the gastrointestinal tract's mucosa provides the therapeutic justification for their use. Through their *Deepana*, *Pachana*, *Grahi*, and *Tridosahara* acts, the *Shamanoushadhis—Kaidaryadi Kashaya*, *Kutaj Ghanavati*, *Mahashankha Vati*, *Laghu sootashekhara Rasa*, and *Bhunimbadya Choorna—* provided synergistic benefits. Sustainable improvement resulted from the holistic treatment, which addressed *Agnimandya*, the underlying cause, rather than just the symptoms. By increasing the patient's overall quality of life, decreasing inflammation, and optimizing digestive metabolism, Ayurvedic management can provide a safe, effective, and holistic approach for treating IBS-like disorders. To further validate and prove the effectiveness of such integrative Ayurvedic therapies in the treatment of *Grahani roga* and similar gastrointestinal illnesses, additional clinical investigations are necessary.

1. **Patient Perspective:** Initially, the patient experienced considerable anxiety upon being diagnosed with *Grahani*, particularly due to symptoms like disturbed digestion, irregular bowel movements, and general debility. With consistent treatment and gradual improvement in her condition, she reported notable relief and expressed satisfaction with the therapeutic results.
2. **Declaration of Patient consent:** The authors affirm that informed consent was obtained from the patient or their guardian, authorizing the publication of the case details, including relevant clinical information and images, in the journal. It was clearly communicated that while names and initials will not

be disclosed and all reasonable efforts will be made to maintain confidentiality, complete anonymity cannot be guaranteed.

3. **Conflict of interest : None**

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