

AN AYURVEDIC MANAGEMENT OF IRRITABLE BOWEL SYNDROME (GRAHANI) IN CHILDREN: A CASE STUDY

Vd. Rashmi M. Ingle^{*1} and Vd. Dattatraya B. Chavan²

¹PG Scholar, Dept. of Kaumarbhritya Govt. Ayurveda College, Vazirabad Nanded
(Maharashtra) India.

²Associate Professor, Dept. of Kaumarbhritya Govt. Ayurveda College, Vazirabad Nanded
(Maharashtra) India.

Article Received on
18 April 2022,
Revised on 08 May 2022,
Accepted on 28 May 2022,
DOI: 10.20959/wjpr20227-24393

*Corresponding Author

Vd. Rashmi M. Ingle

PG Scholar, Dept. of
Kaumarbhritya Govt.
Ayurveda College,
Vazirabad Nanded
(Maharashtra) India.

ABSTRACT

IBS is most prevalent Functional gastrointestinal disorder with severe disabling upper and lower gastrointestinal symptoms. It is commonest cause of recurrent abdominal pain in children (RAP) seen nowadays. & it significantly affect the lives of affected children and their parents. Pathophysiology of IBS involves multiple Factors so it is difficult to overcome the therapeutic demand of childhood IBS using the same conventional therapeutic agent. According to Ayurveda condition like IBS caused due to *Agnimandya* and symptoms Of IBS clinically correlated with symptoms of *Grahani Dosha*, here case of 14yr old Female Patient having complaints of Frequent abdominal pain with Increased frequency of motion and also some time constipation, she

had episodes of loose Motion along mucus discharge and abdominal pain since last 20 days and had frequent episodes since last 1 year has been successfully treated with regimen of *Grahani Chikista* in Ayurveda.

KEYWORDS: Irritable bowel syndrome (IBS), *Agnimandya*, *Grahani Dosha*.

INTRODUCTION

IBS is long term chronic disorder that affects large intestine or colon, abdominal pain include symptoms of abdominal pain or discomfort and altered bowel habit (change in frequency or consistency)- chronic or recurrent diarrhoea, constipation or both in alternation.^[1] AS a Consequences, treatment are not sufficiently effective & the natural history of the disorder in

the long term is unchanged by most therapeutic Intervention. The prevalence and poor response to established therapies IBS has resulted in substantial economic impact.^[2,3,4]

Although IBS is traditionally considered as a disorder with No known underlying pathological explanation for the Symptoms that Patients reports; this concept is probably outdated, it may be considered as pathogenically a heterogeneous entity as recently reviewed. Conventionally possible cause of IBS in children includes - Brain gut signal Problem, Gastrointestinal motor problem, genetic Factor, diet infections & disturbance in the intestinal micro biota low grade mucosal Inflammation, immune activation, and altered intestinal permeability, alteration in brain function.^[2,3,4]

The symptoms of each children of IBS may vary. symptoms may include Lower abdominal cramps, bloating & gas, constipation and diarrhoea may be both, feeling the Immediate urgency to have bowel movement, feeling of incomplete emptying even after having defecation, presence of mucus in Stool, nausea, loss of appetite.^[5] Diagnosis Involves assessing the patient history and Clinical symptoms and applying the Rome IV criteria.

Rome IV criteria for Irritable bowel syndrome.

Types of IBS. - It is classified into 4 types

1) IBS with predominant constipation (IBS -C) IBS with predominant constipation have more than 25%. Of bowel movement with Bristol stool form 1, 2

More common in children.

2) IBS with predominant diarrhoea (IBS - D) More than 25 % of bowel movement with Bristol type 6, 7.

3) IBS with constipation and diarrhoea - IBS with mixed type of bowel habits

4) Unspecified IBS.^[6]

The Bristol stool scale is diagnostic tool to evaluate sample of human faeces on the shape and consistency of the stool. Sample are the assigned a number 1-7 that corresponds to description on the scale.^[7]

Table 1: Bristol stool scale.

Type 1	Separate hard lump, like nuts (hard to pass)	Severe constipation
Type 2	Sausage shaped but lumpy	Mild constipation
Type 3	Sausage shaped but with cracks on surface	Normal
Type 4	Sausage/snake like smooth & soft	Normal
Type 5	Soft blobs with clear cut edges (easy to pass)	Lacking fibre

Type 6	Fluffy pieces with ragged edges, mushy	Mild diarrhoea
Type 7	Watery, no solid piece (entirely liquid)	Severe diarrhoea

Role of diet - IBS symptoms are triggered by the consumption of the poorly absorbed fermentable oligo - di morosaccharides & Polyps (FODMAPS) insoluble fibre so it is advisable to avoid these Foods. Patients consume a diet that is Poor in FODMAPS. Consuming Probiotics increases the tolerance for FODMAPS-rich foodstuffs & adding regular exercise amplifies the beneficial effect of such diet. Individual dietary guidance is necessary to identify a suitable diet to which the patient is likely to adhere to in long term so here a chart given containing restricted food items in IBS.^[8]

Table 2: Restricted food items.

	Fruits and vegetable	cereals	Dairy	Other
1	Fructose rich fruits – apple, mango, pear watermelon	Kidney beans, soya beans	Milk & cheese (lactose)	Artificial sweeteners like sorbitol etc.
2	Green bell pepper, beetroot, brinjal Mushroom	chickpeas	yoghurt	Honey
3	Cauliflower	wheat	Ice-cream	Corn- syrup

In Ayurveda IBS like condition are caused due to *Agnimandya* can be Consider under Grahani dosha. *Sthana* or specific place of the *Agni* is *Pittadhara kala* or *Grahani*. It is mentioned in *Samhita* that *Grahani Dushti* takes place due to Factor responsible for *Agnimandya* or *Pachakagni Vikruti*.^[9] Therefore treatment of Indigestion (*Ajirna*) means *Agnideepan Chikista* along with *Aampachan* is best for *Grahaniroga* as it is mentioned in various Ayurvedic texts, also Treatment as Per the predominance of *Dosha* vary accordingly is also mentioned in *Samhita*.

Treatment of *Grahani* will be focused ultimately on correcting *Agni* and strengthening the small intestine, various types of Treatment are used to treat this disease mainly two Treatment has been mentioned according to symptoms. If symptoms of *Ama* such as *Praseka* (salivation), Distension, *Gaurav* (heaviness), *Vedana* (Discomfort), *Udardah* (burning) *Aruchi* (Anorexia) are present then It is eliminated by *Shodhon Chikista* Such as *Vamana* or *Virechana*, If *Rasa* associated with *Ama* has circulated in the whole body lightening & digestive measures be adopted.^[10] There are various formulation mentioned in *Grahani Chikista Adhyaya* in *Samhita*. Importance of *Takra* is mentioned in various text & can be given in all conditions of *Grahani Dosha*.

CASE REPORT

A 11 yr old female patient (IPD NO- 3736) having weight 25 kg Came to OPD having complaints Frequent abdominal pain with Increased Frequency of motion with mucus discharge, since 20 days with frequent episode since last 1 year her abdominal pain was not subsided after defecation and had associated complaints Such as loss of appetite, Weakness & episode of constipation.

Past History

She had taken allopathic medicines, Including Antimicrobial drugs (metronidazole) and probiotics. Anthelminthic (Albendazole) with antispasmodic drug frequently in last 1 year.

Family History

No any specific History

Food History

Vegetarian diet.

Frequently Ingest fried food. Spicy outside food like vadapav (bread) Biscuit & Toast regularly not having enough roughage in diet. Skipping breakfast & meals improper way of eating.

Habit

Retention of the urges such as bowel, urine, Thirst, Hunger etc.

Psychological History

Not Attentive in class, Taking Stress, Not speaking frankly.

General examination

Nadi – pittakaphaj, jivha – samata,

H/R – 78/min, R/R – 20/min, Temp- 97.8 F

B/P – 110/ 70 mmHg

Systemic examination

R/S – AEBE clear

CVS- S₁ S₂ normal

CNS – Conscious; Oriented

Gastrointestinal system

On examination P/A – Soft, tenderness present at epigastric and umbilical region.

Table 3: Ayurvedic Regimen.

Day	Complaints	Medication
On 1 st visit	Loose motion 7-8/day (with mucus) abdominal pain weakness & anorexia	1 – Hingvashtak churna 1gm before food twice a day with ghruta and rice. For 7 days 2- Sanjivani vati 125mg two times a day after food with lukewarm water. For 7 days 3- Takrarishta 10 ml twice with equal amount of water for 7 days
On 1 st follow up	Motion frequency 4/day Increase appetite Reduce weakness No abdominal pain	1–all of the above 2- kutajarishta 10 ml twice a day with equal amount of water for 15 days
On 2 nd follow up	Motion frequency 1-2 /day with normal consistency Appetite increase No weakness	Kutaja rishta 10 ml twice a day with water for 1 month Blivavleha 1 tsp twice a for 15 day then stop

Diet Restriction

- Spicy and oily outside food.
- All types of preserved sauces like pizza sauce, shezwan sauce etc.
- Heavy to digest food like black gram, kidney bean chickpea etc.
- Fermented food like bread, idli-dosa etc.

RESULT – in the present case treatment duration was near one month and it has been followed up weekly, the improvement in his sign and symptoms are as follows (table 5)

sign & symptoms	1st visit	2nd visit	3rd visit
motion frequency (mala Vega)	7-8 /day (with mucus)	4/day (not visible mucus)	1-2/ day (no visible mucus)
consistency (as per BRISTOL)	scale 6	scale 4	scale 4/3
abdominal pain	present & not relieved after motion	present	not present
weakness	present	present	reduced
appetite	low	improved	Normal

The motion frequency as well as consistency gradually improved with the ayurvedic medicines along with associated symptoms like abdominal pain and anorexia.

DISCUSSION

In the present case the frequent episodes of above mentioned symptoms was there since last 1 year. In her Food history She had bad habits like Frequently Ingesting fried and spicy food, skipping breakfast & meal often, sleeping just after meal also taking stress of small things like homework or class test Therefore in this case cause of *Grahani* is faulty food habit & undue stress which is responsible For *Agnidusti* & *Agnimandya*, that causes *Grahani dushti* and *Lakshana* (characteristic symptoms) appears in patient.

In Ayurved Samhita Importance of *Agni* (Digestive fire) is mentioned as a root cause of all. Because if it is functioning properly person live long & if it is deranged Person get ill. Food that nourishes *Dhatus*, *Ojas*, strength and complexion depends on *Agni* Because *Rasa*, *Rakta* etc. can't be produced from undigested Food.^[11]

In the present case as Patient in *Baly Vastha* So *Kapha Pradhanta* is there and *Picchil Malpravretti* was there with *Agnimandya* & *Rasdhata dusthi lakshana* like *Aruchi*, (Anorexia) *Hrullas*(Nausea) & *Chhardi* (vomitting) So considering *Lakshana* (symptoms) it is diagnosed as *Kaphaj Grahani*. *Ruksha*, *Agni Deepan*, *Tikta Rasa Pradhan Dravya*" has been chosen for the Treatment considering other associated clinical Features of *Rasdhata dushti*, *Langhana* and *Pachana* line of treatment is addressed.

So the treatment has been planned as starting From *Deepana*, *Ama-pachana* medicine like *Hingvashtak churna* with *Anupana ghruta* before meal twice day and *Takrarishta* which has proper ties like *Agnideepana*, *shotha*, *Gulma*, *krimi*, *Udarroghar*^[12] along with it *Sanjivani vati* has been added which is indicated in *Aruchi*, *Mandagni*, *Jirna Atisara*, *Grahani*. *Bilvavleha* which has *Rasayana* effect along with its properties like, *Grahi*, *Vibandhhara*, *Vatanulomana*, *Tridoshhara* indicated in *Jirna Pravahika* and *Shoolyukta Atisara* as mentioned in Samhita. It relieve the psychological Factor such as anxiety fear etc. it may enhance the *Bala* of *Deha* and *Indriya*.^[13]

At the first follow up symptoms of *Picchil Malpravruti* and Number of *Malpravruti* reduced but not markly reduced spasmodic abdominal pain and Anorexia was still present. So *Kutajarishta* is added considering its antibacterial activity against organisms associated with gastrointestinal tract & the case was post bacterial gastroenteritis induced IBS.^[14]

Along with above medication strict diet regimen (*Nidanpari varjan*) was advised to get result as diet restriction is important in IBS & is key to resolve the diseased condition. Mainly Intake of *Takra* is advised it has properties like as *Deepan*, *Pachan*, *Sangrahi* *Tridoshhara*, *Laghu Guna* and *Deepan* properties of *Takra* helped to correct the *Agni*. *Madhura Vipak* helped in the balance of *Pitta* Also its *Vatahara* property help to correct the viatiated *Saman Vayu*. The *Grahi* action of *Takra* subsided *Drava Mala Pravrutti* which has been proved to restore the bacterial flore of the intestinal mucosa & acts as natural Probiotics as indicated in the treatmet of IBS in modern science so *Takra* was major diet administered throughout the course of treatmet.^[15] *Sneha* i.e. *Ghrut* is advised to take daily in diet as it is an excellent stimulant of weak Digestive Fire (*Agni*).^[16] then food quantity and variety gradually gradually added as there is agnideepti the Complete *Upsham* a has been seen in 4 months.

CONCLUSION

Disease like IBS are now considered as Life style disorder & are common in children too which impaired quality of life of children and increased use of health care service. A complete cure can be obtained by using Ayurvedic herbs and Formulation for gastro intestinal ailment considering *Dehaprakruti* & *Agni* of individual along with strict diet restriction. As the patient taking stress, and had poor performance in school he has advised to do daily meditation for 10-15 minutes twice a day it reported significant improvement in her school performance. Meditation is method of mental training which has been developed for enhancing and maintaining human wellbeing and life satisfaction meditation is additional strategy to manage and improve health and wellbeing in children and adolescents.^[17] In this case *Upshama* has been seen in 4 months.

REFERENCES

1. International Foundation For Functional Gastrointestinal Disorders Wwww.Iffed.Org.
2. Pathophysiology Of Irritable Bowel Syndrome: Volume -1, Issue- 2, Plumx Metrics Prof Gerald Holla, P133-146.
3. Approach To A Child With Imitoble Bowel Syndrome: A Review - Md. Rukunuz Zaman, ASM Bazlul Karim ² Journal Of National Institute Of Neurosciences Bangladesh, January 2016; 2: 1.
4. Management Of Irritable Bowel Syndrome In Children. Jaun R Malangeloda, Carolina Malangelada. Journal Of Pediatrics & Pediatric Medicine.
5. Medscape.Com Gastroenterology & Irritable Bowel Syndrome Q & A.

6. Robert M. Kliegman, MD Joseph W ST Geme III MD Nelson Textbook Of Pediatrics Edition 21 Pg No - 2044, 2045.
7. Bowel Disorder's Briane Lasy Fermin Mearin Gastroenterology, 2016: 150 1393/407.
8. Diet In Irritable Bowel Syndrome - Magdy- El-Salhy & Doris Gundersen. Nutritional Journal (2015).
9. Kaviraj Ambikadatta Shastri Sushrut Samhita Uttartantra 40/166-182 Chaukhamba Sanskrit Sansthan Varanasi Reprint- 2017 Pg. 305- 306.
10. P.V. Sharma- Charak Samhita With English Translation 15/73-81 Chaukhamba Orientalia Varanasi, Vol II Reprint 2019 Pg 255-256.
11. P.V. Sharma, Charak Samhita With English Translation 15/3-5 Chaukhamba Orientalia Varanasi Vol - II Reprint- 2019 249, 250.
12. P.V. Sharma. Charak Samhita With English Translation 15/120-121 Chaukhamba Orietalia, Varanasi Volume 2 Nd Reprint -2019 Pg.No.260.
13. Clinical Evaluation Of Bilvavleha In The Management Of Irritable Bowel Syndrome. - Ramanand Tiwari Darshana Pandya.
14. Antibacterial Activity Of Kutajarishta: An Ayurvedic Preparation Premnath Shenoy KR & Yoganara Simhan SN Indian Journal Of Traditional Knowledge, April 2009; 8(2): 270-27.
15. A Case Report On Management Of Grahani WSR To Ulcerative Colitis M.R. Poornima, Sarika Ak Gatilingu, Srinivas Masalker, Anant S Desai. Journal Of Ayurveda And Integrated Medical Sciences.
16. P.V. Sharma Charak Samhita English Translation 15/205 Chaukhamba Orientalia Varanasi Reprint 2019. Pg 268.
17. Role Of Meditation To Improve Childrens Health: Time To Look At Other Stratagies Nina A Wilson Et Al J Paediatric Child Health. 2021 Feb.