

Ayurvedic Approach in Case of Irritable Bowel Disease— A Case Study Highlighting the Efficacy and Safety

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Abstract

Irritable bowel disease is a common psychosomatic disorder that affects the gastrointestinal system, with symptoms that include cramping, abdominal pain, bloating, flatulence, and diarrhea or constipation, or both. If left untreated, it turns into chronic irritable bowel syndrome. It can be controlled by adjusting the diet and changing the lifestyle. More severe symptoms include weight loss, diarrhea at night, bleeding from the rectum, anemia due to iron deficiency, unexplained vomiting, and pain that persists even after passing gas or having a bowel movement. It can be treated with medication and counseling. No specific treatment has been found for irritable bowel syndrome. Researchers are exploring novel treatments such as fecal microbiota transplantation for irritable bowel syndrome, which involves transferring processed stool from a healthy donor into the colon of a person with irritable bowel syndrome to restore beneficial gut bacteria. This procedure is currently under investigation. Clinical trials are currently underway to study fecal transplants. A 40-year-old patient living in Visnagar (Mehsana district), Gujarat, India with chief complaints 3–4 times Alpa-Alpa, Durgandhita, Drava, Chikkin, Sakapha Mala Pravriti (3–4 times, semi-liquid, less quantity, smelly, sticky defecation), Udara Gauravata (abdominal heaviness), Udara Pradesha Todavata Shoola (abdominal tenderness), Amla katu ashyata (sour taste in the mouth), Apachana (indigestion) from 20 years. He was experiencing Daurbalayta (weakness), Tamah pravesha Kwachita (fainting often), and Vama Urahatah Vama Hastanguli paryanta Tivra Shoola (intense pain radiating from left side of chest to left palm including five fingers) since 3–4 months. Patient had taken many modern medicines but could not get relief so approached Panchkarma OPD Department at Saradar Ayurvedic College and Hospital, Mehasana, Gujarat, India.

Keywords: Irritable bowel syndrome, *Ajirna*, *Ayurveda*, ultrasonography, computed-tomography scan

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INTRODUCTION

Irritable bowel syndrome (IBS) is a functional gastrointestinal (GI) disease now called as "gut–brain interaction disorder" that is related to problems with the functioning of the brain and gut. Previously, terms such as IBS colitis, mucosal colitis, spastic colon, nervous colon, and spastic bowel were used to describe this condition.

The exact cause of IBS is unknown. Some factors include muscle contractions in the gut; nervous system signaling pathway disorder; serious infection viz., bacteria or virus, protozoa, fungi; mental stress; and changes in intestinal microbes. Some factors trigger the severity and frequency of symptoms which include foods such as wheat, dairy, citrus fruits, beans, cabbage, milk and carbonated drinks. Anxiety, or in young age, more

often in 50s, usually occurs in women after estrogen therapy before or after menopause is also a risk factor for IBS. A family history of IBS, anxiety, depression or other mental health problems, poor quality of life, mood disorders are also risk factors of IBS [1]. Experiencing symptoms of IBS can contribute to feelings of depression or anxiety, which in turn can exacerbate IBS symptoms. Risk factors may include a history of sexual, physical, or emotional abuse.

IBS is characterized by a combination of symptoms such as recurring lower abdominal pain, changes in bowel habits including diarrhea, constipation, or both, cramping, bloating, gas, presence of mucus in stools, urgency, and feeling of incomplete bowel evacuation [2, 3]. More severe symptoms may include weight loss, night-time diarrhea, rectal bleeding, iron deficiency anemia, and unexplained vomiting. Upper GI symptoms include gastroesophageal reflux, dysphagia, early satiety, intermittent dyspepsia, nausea, and noncardiac chest pain, which are common. Patients frequently report abdominal bloating and increased gas production, such as flatulence or belching, without observable signs of structural damage or disease in the digestive tract. Some symptoms are unrelated to the gut including, migraine headaches, sleep disorders, anxiety or depression, fibromyalgia, gastroesophageal regurgitation disease, chronic pelvic pain, chronic fatigue syndrome, and somatic disorders [4, 5]. Manning criteria for the diagnosis of IBS are Rome criteria 1, Rome criteria 2, Rome criteria 3. Bristol stool form scale (BSFS) are used as a marker for the diagnosis of the disease.

Types of IBS

IBS is categorized into four subtypes, each occurring with equal frequency [6]:

- Predominantly characterized by diarrhea and abdominal discomfort (IBS-D).
- Predominantly characterized by constipation and abdominal discomfort (IBS-C).
- Alternating episodes of loose stools and constipation accompanied by abdominal discomfort (IBS-M).
- Undefined subtype (IBS-U)—symptoms vary.

The BSFS is also used as a marker for diagnosing disease severity. Types 1 and 2 or types 6 and 7 are considered abnormal.

Descriptions of different types of stools are given as follows:

1. Type 1: Separate hard lumps resembling nuts, difficult to pass.
2. Type 2: Sausage-like but lumpy in texture.
3. Type 3: Like a sausage but with surface cracks.
4. Type 4: Smooth and soft, like a sausage or snake.
5. Type 5: Soft balls with clear edges, easy to pass.
6. Type 6: Fluffy pieces with ragged edges, mushy consistency.
7. Type 7: Watery, non-solid pieces, entirely liquid

Patients with IBS-C have > 25% of their stools associated with BSFS 1 or 2, while patients with IBS-D have > 25% of their stools associated with BSFS 6 or 7. People diagnosed with the mixed subtype of irritable bowel syndrome (IBS-M) experience more than 25% of their bowel movements characterized by stools that are either very hard or lumpy (BSFS 1 or 2), and more than 25% are characterized by very soft or watery stools (BSFS 6 or 7) [7].

DIAGNOSIS

Laboratory tests for diagnosis of IBS may include:

- Lactose intolerance tests;
- Breath test for bacterial overgrowth;
- Routine stool tests;
- Stool culture test;
- S. Calprotectin;

- C-reactive protein (CRP);
- Erythrocyte sedimentation rate (ESR);
- Vitamin B12;
- Ultrasonography (USG);
- Colonoscopy;
- Computed tomography (CT) scan;
- Upper endoscopy.

TREATMENT

Treatment for IBS focuses on alleviating symptoms. Mild symptoms can often be managed through stress reduction techniques, dietary adjustments such as avoiding trigger foods and consuming high-fiber foods, adequate hydration, regular exercise, and sufficient sleep. The effectiveness of alternative therapies in treating IBS symptoms varies, though some studies indicate positive outcomes. Hypnosis has been shown to reduce abdominal pain and bloating, with evidence supporting its long-term benefits. Probiotics, beneficial bacteria naturally found in the gut and available in certain foods and supplements, have also demonstrated potential in easing IBS symptoms such as abdominal pain, bloating, and diarrhea. Stress reduction strategies such as yoga, meditation, cognitive behavioral therapy (CBT), and biofeedback may also be beneficial. Various medications are available to manage IBS symptoms effectively, namely:

1. *Anti-diarrheal medications:* Over-the-counter options such as loperamide (Imodium A-D) can help control diarrhea. Bile acid sequestrants such as cholestyramine (Prevalite), colestipol (Colestid), or colesevelam may also be used.
2. *Antispasmodic medications:* Drugs such as dicyclomine (Bentyl) can relieve painful bowel spasms and are sometimes prescribed for diarrhea-related symptoms.
3. *Antidepressants:* Tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac) or paroxetine (Paxil) are sometimes used to manage symptoms by affecting gut neurons.
4. *Pain relievers:* Medications such as pregabalin (Lyrica) or gabapentin (Neurontin) may be prescribed to alleviate severe pain or bloating.
5. *Medications specifically for IBS:* Examples include alosetron (Lotronex), eluxadoline (Viberzi), rifaximin (Xifaxan), lubiprostone (Amitiza), and linaclotide (Linzess).

These medications are tailored to alleviate the specific symptoms and types of discomfort experienced by individuals with IBS [8].

Researchers are exploring promising future treatments for IBS, including fecal microbiota transplantation (FMT). This procedure, still in investigational stages, aims to restore healthy gut bacteria by transferring processed stool from a donor into the colon of someone with IBS. Clinical trials are actively investigating the effectiveness of fecal transplants for this condition [9].

CASE PRESENTATION

A 40-year-old male patient living at Visnagar (Mehsana district), Gujarat with chief complaints of 3–4 times *Alpa-Alpa*, *Durgandhita*, *Drava*, *Chikkin*, *Sakapha Mala Pravriti* (3–4 times semi-liquid, less quantity, foul smelling, sticky defecation), *Udara Gauravata* (abdominal heaviness), *Udara pradasha Todavata Shoola* (abdominal tenderness), *Amla katu ashyata* (sour taste feeling in mouth), *Apachana* (indigestion) since 20 years. *Daurbalayta* (weakness), *Tamah pravesha Kwachita* (often fainting), *Vama Urahatah Vama Hastanguli paryanta Tivra Shoola* (intense pain radiating from the left side of chest to the left palm including five fingers) since 3–4 months. He took many modern medicines but could not get relief, so he approached Panchkarma Department OPD at Saradar Ayurvedic College and Hospital, Mehasana, Gujarat, India.

Samprapati

- *Dosha-kapha pradhana Tridoshaja vyadhi*
- *Dushya-rasa, rakta, Ambu*
- *Agni-Jatharagni, Dhatvagni*
- *Srotas-Annavaha srotasa, Purishavaha srotasa,*
- *Dushti-Atipravriti*
- *Vyadhiudbhavasthana-Grahani*
- *Adhithana-Grahani*
- *Avastha-Chirakari*
- *Prabhava-Kruchhasadha*

The patient was prescribed *Panchasakara Churna*. The prescribed medicine and duration are given in Table 1.

Probable Mode of Action

Panchasakara Churna: It contains *Sunthi, Misreya, Saindhava, Haritaki, and Swarnapatri*. It works as *Deepana-Ama Pachana, StrotoSodhana, Vatanulomana, Kaphavilayanakara, Saumya Virechaka*. It stimulates *Jatharagnia* as well as *Dhatvagni* and balances *Aharapakaavstha* in respective manner, and maintains *samyaka Dhatu Nirmiti krama*. So *mala* production is automatically reduced. Accumulated *Kapha* is expelled from the body and others are digested [10, 11].

Treatment results are mentioned in Table 2 with seven days interval in initial stage. Symptoms gradually decreased; after that patient came for follow-up after one month interval.

Table 1. Medicines.

No.	Name	Duration
1	<i>Panchasakara Churna</i>	3 g with lukewarm water/night

Table 2. Observation.

Symptoms	12/9/2023	18/9/2023	26/9/2023	26/10/2023	20/11/2023
<i>Alpa-Alpa, Drava Durgandhita, Chikkin Sakapha Mala Pravriti</i>	++++	+++	++	+	
<i>Udara Gauravata</i>	++++				
<i>Udara pradesha Todavata Shoola</i>	++++	++			
<i>Amla katu ashyata</i>	+++				
<i>Apachana</i>	++++				
<i>Daurbalayta</i>	++++	+			
<i>Tamah pravesha Kwachita</i>	+++	++	+		
<i>Vama Urahatah Vama Hastanguli paryanta Tivra Shoola</i>	++++				

CONCLUSION

The present study concluded that there is not a single disease in *Ayurveda* which can be completely correlated as IBS. But according to patient's condition and symptoms, we can correlate above symptoms with *Ajirna avastha* according to *Ayurveda*. The present study concluded that because of proper *Ayurvedic* concepts and potent medicines, the pathological condition was cured. It can also be benefited by oral medicines.

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