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Case Study

MANAGEMENT OF IRRITABLE BOWEL SYNDROME-UNCLASSIFIED (IBS-U) THROUGH AYURVEDIC MULTIMODAL THERAPY

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ABSTRACT

Irritable Bowel Syndrome (IBS) is a chronic functional gastrointestinal disorder characterized by recurrent abdominal pain associated with altered bowel habits in the absence of any structural pathology. In Ayurveda, IBS exhibits close resemblance to *Grahani Roga*, a disorder resulting from *Agnidushti* and impairment of digestive and absorptive functions. **Case Presentation**: A 49-year-old male presented with complaints of abdominal pain, frequent loose stools (6–7 times/day), abdominal bloating, epigastric burning sensation, generalized weakness, disturbed sleep, and reduced appetite for one year. The patient had a history of occupational stress and chronic hepatitis B infection. Investigations including gastrointestinal endoscopy revealed no significant abnormalities. Based on Rome IV criteria, the patient was diagnosed with IBS-Unclassified (IBS-U). From an Ayurvedic perspective, the condition was diagnosed as *Grahani Roga*. **Intervention**: The patient was treated with a multimodal Ayurvedic approach comprising *Shamana Chikitsa*, *Pichha Basti*, *Shirodhara*, dietary modifications, and *Satvavajaya Chikitsa* for 60 days. **Outcome**: The IBS Symptom Severity Scale (IBS-SSS) score reduced from 350 (severe IBS) to 50 (remission) during follow-up, showing an overall improvement of 85.7%. Significant improvement was observed in abdominal pain, bowel irregularity, appetite, sleep quality, and general well-being. **Conclusion**: This case highlights the effectiveness of Ayurvedic management based on *Grahani Chikitsa Siddhanta* in IBS-U. Correction of *Agni* dysfunction through *Deepana*, *Pachana*, *Grahi* therapy, *Panchakarma* procedures, and psychological support contributed to sustained clinical improvement.

INTRODUCTION

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder characterized by chronic abdominal pain, bloating, and altered bowel habits without any demonstrable structural abnormality. The global prevalence of IBS is estimated to be approximately 11%, making it a major contributor to healthcare burden and reduced quality of life[1,2]. The pathophysiology of IBS is multifactorial and includes altered gastrointestinal motility, visceral hypersensitivity, dysbiosis, immune activation, dietary factors, and disturbances of the gut–brain axis[3,4].

According to Rome IV criteria, IBS is classified into four subtypes: IBS with constipation (IBS-C), IBS with diarrhea (IBS-D), mixed IBS (IBS-M), and unclassified IBS (IBS-U) [5,6]. Despite the availability of various pharmacological therapies, many patients continue to experience persistent symptoms and seek complementary treatment options.

In Ayurveda, IBS closely resembles *Grahani Roga*. *Grahani* is considered the seat of *Agni* and is responsible for digestion, assimilation, and absorption of food. Impairment of *Agni* leads to formation of *Ama*, derangement of *Doshas*, and dysfunction of *Annavaha* and *Purishavaha Srotas*, resulting in symptoms comparable to IBS[7,8]. Therefore, treatment principles

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focusing on *Deepana*, *Pachana*, *Grahi*, and restoration of *Agni* are considered beneficial[9].

Case Presentation

Patient Information

A 49-year-old male presented to the outpatient department of *Kayachikitsa* with the following complaints:

- Frequent loose stools (6–7 times/day)
- Abdominal pain
- Abdominal bloating
- Epigastric burning sensation
- Generalized weakness
- Disturbed sleep
- Reduced appetite

The symptoms had persisted for one year and had worsened over the previous three months. The patient reported significant occupational stress and depression. He was a known case of chronic hepatitis B infection since 2015.

Treatment History

The patient had previously received conventional treatment including:

- Tab. Newanxit 0.5 mg OD
- Tab. Serta 25 mg HS
- Pegray Soft Powder 2 tsp HS
- Tab. Pantoprazole 40 mg OD

However, no significant improvement was observed.

Clinical Findings

General Examination

Parameter	Findings
Weight	67 kg
Pulse	74/min
Blood Pressure	116/74 mmHg

Ashtavidha Pariksha

Parameter	Findings
Nadi	*Pitta-Kaphaja*
Mala	*Sama*
Jivha	*Sama*
Akriti	*Karshya*
Bowel habit	*Muhurbaddha – Muhurdrava Mala*

Diagnostic Assessment

Investigations

Investigation	Findings
GI Endoscopy	Normal
USG Abdomen	Left small renal calculus (3 mm)

Modern Diagnosis

IBS-Unclassified (IBS-U) according to Rome IV criteria.[5] The IBS-SSS, developed by Francis et al. (1997), was used to quantify symptom severity, with scores of ≤3 indicating remission, 75–175 mild, 175–300 moderate, and >300 severe IBS.[10]

Ayurvedic Diagnosis

Grahani Roga associated with *Agnidushti*, *Sama Avastha*, *Annavaha Srotodushti*, *Purishavaha Srotodushti*, and *Vata-Pitta* predominance.[7,8]

Therapeutic Intervention

***Shamana Chikitsa* (60 Days)**

Medicine	Dose
Chitrakadi Vati [11]	1 tablet TID
2. *Panchamrita Parpati* [13]	55 mg BD
Shalmali Churna	40 mg BD
Bilvaphala Majja Churna [1]	40 mg BD
Kutaja Churna [14]	40 mg BD
Jaiphal Churna	5 mg BD
Daruharidra Churna	40 mg BD
Dadima Churna	40 gm BD
3. *Suvarna Parpati*[13]	125 mg BD for 30 days
4. *Manasmitra Vatakam*[15]	125 mg BD after 30 days

All medicines were administered with *Takra* (buttermilk).

Panchakarma

***Pichha Basti* (16 Days)** [15,16]

Composition

- *Mocharasa* – 50 g
- *Godugdha* – 1 litre

- *Goghrita* – 80 ml
- *Tila Taila* – 20 ml
- *Yashtimadhu Kalka* – 40 g

Shirodhara [17]

Shirodhara was administered using *Jatamansi Kwatha* for 14 days.

Satvavajaya Chikitsa

Psychological counselling and stress management strategies were advised throughout the treatment period, given the well-established role of occupational stress and the gut–brain axis in IBS pathogenesis.[3,4]

Outcome Measures

Symptom Assessment Score

Symptom	Before Treatment	Follow-up
Mucus diarrhoea and alternate constipation	3	0
Epigastric burning sensation	2	0
Epigastric pain	3	0
Weight loss	2	0
Bloating	2	1
Anorexia	2	0
Fatigue	3	1

Overall clinical improvement: 88.2%

IBS Symptom Severity Scale (IBS-SSS)

The IBS-SSS[10] scores five domains on 0–100 VAS scales, with total scores ranging from 0 to 500:

Parameter	Before Treatment	Follow-up
Severity of abdominal pain	75	0
Frequency of abdominal pain	50	0
Severity of abdominal distension	50	25
Dissatisfaction with bowel habits	100	25
Interference with quality of life	75	0

Total IBS-SSS Score

Stage	Score
Before treatment	350
Discharge	175
Follow-up	50

Overall improvement: 85.7%

DISCUSSION

Grahani Roga is primarily caused by *Agnidushti*, leading to impaired digestion, formation of *Ama*, and subsequent disturbance of gastrointestinal physiology.[7,8,9] The symptoms observed in the present case- *Muhurbaddha-Muhurdrava Mala*, *Udarashoola*, *Anaha*, *Aruchi*, and *Karshya*- closely resemble the clinical manifestations of IBS-U.[5,6]

Chitrakadi Vati acted as *Deepana* and *Pachana*, improving digestive capacity and reducing *Ama* through enhancement of digestive enzyme activity.[11] *Kutaja, Bilva, and Panchamrita Parpati* provided *Grahi* effects, helping to regulate bowel habits and improve intestinal absorption.[12,13,14] *Suvarna Parpati* contributed *Rasayana* and *Grahani sthirikarana* actions.[13]

Psychological stress is known to influence the gut–brain axis and plays an important role in IBS pathogenesis.[3,4] Administration of *Manasmitra Vatakam*-a traditional Ayurvedic medicine used for psychosomatic diseases, anxiety neurosis, and stress- and *Shirodhara* with *Jatamansi Kwatha* likely contributed to reduction of stress-related symptom exacerbation.[15,17]

Pichha Basti was selected because of its *Picchila* (viscous) and *Sangrahi* (absorbent) properties, which protect intestinal mucosal integrity and regulate bowel movements. Classical references indicate its use in *Parvahika*, *Grahani*, and *Atisara*, confirmed by contemporary case studies demonstrating significant symptomatic relief and mucosal healing.[15,16]

CONCLUSION

This case report demonstrates that IBS-U can be effectively managed through a comprehensive Ayurvedic approach based on *Grahani Chikitsa Siddhanta*. The combined use of *Deepana-Pachana* therapy, *Grahi* medicines, *Panchakarma* procedures, and psychological interventions resulted in marked symptomatic relief and significant reduction in IBS-SSS

scores. The sustained improvement observed during follow-up suggests that Ayurveda may offer a safe and effective therapeutic option for chronic functional gastrointestinal disorders. Further controlled clinical studies are required to validate these findings.

Declaration of Patient Consent

Written informed consent was obtained from the patient for publication of clinical information and images while maintaining confidentiality and anonymity.

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