



Review Article

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INTEGRATIVE MANAGEMENT APPROACH AND AYURVEDIC VIEW ON IRRITABLE BOWEL SYNDROME (IBS): A REVIEW

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ABSTRACT

Irritable bowel syndrome (IBS) is a common functional bowel disorder marked by recurrent abdominal pain, altered stool frequency or form, and significant symptomatic relief and may not provide sustained benefit for many patients. Ayurveda correlates IBS with Grahani Roga, a condition primarily rooted in Agnimandya (impaired digested fire), Ama (toxic metabolic by products) and imbalance of vata dosha affecting the gut-brain axis. This review article aims to present an integrative perspective on IBS by correlating contemporary understanding of its pathophysiology with Ayurvedic concepts, and by summarizing available evidence on Ayurvedic interventions. Classical Ayurvedic texts and modern scientific literature were critically reviewed to identify descriptions of Grahani roga, its etiological factors (Nidan), Samprapti and therapeutic principles, along with clinical studies on Ayurvedic formulations and Pancha karma procedures in IBS. Various herbal and Herbo-mineral preparations like Nrupatiballabha rasa, Pancharmit Parpati, Bilvadileha, Jeerakadyarista, Gangadhar churna, Chitrakadi vati Deepana-pachana therapies, Basti karma, dietary regulations and mind body practices such as yoga and meditation have shown promising results in reducing symptoms burden and improving overall well-being. An integrative approach that combines individualized Ayurvedic management with appropriate modern diagnostic evaluation may offer a more holistic and sustainable strategy for IBS care.

Keywords: Grahani Roga, Irritable bowel syndrome (IBS), Agnimandya, Ama Dosha, Constipation

INTRODUCTION

Irritable bowel syndrome (IBS) is a common functional gastrointestinal (GI) disorder that involves changes in bowel habits and persistent abdominal pain or discomfort. The condition affects 11.2% of people worldwide and has a variety of symptoms, including constipation, diarrhoea, and bloating¹. IBS is considered a functional condition, as there is no clear structural or biochemical abnormality that can explain the symptoms. Rather, it is believed that the symptoms result from disruptions in communication between the gut and the brain, which can be caused by a variety of things, including stress, diet, and medications². IBS can have a major negative impact on a person's quality of life, so it is very important to get the right treatment to control symptoms and improve overall health³. Although IBS is very common and often long-term and recurrent, little is known about its underlying pathophysiology. The exact mechanism behind IBS is still up for debate, and despite much research, the origin of the condition remains unclear. For doctors, this information gap poses a serious obstacle to the diagnosis and treatment of this complex and multifaceted disease⁴.

In Ayurveda IBS can be correlated with Grahani roga. A huge number of people worldwide suffer from Grahani, an illness that is primarily found in poorer nations. It is brought on by poor eating habits, an unsanitary environment, a stressful lifestyle, and nutritional deficiencies. The main causes of Grahani Dosha are poor lifestyle choices, junk food intake, stress, sleep deprivation,

and avoiding Sadvritta. Recurrent stomach pain coupled with irregular bowel movements without a structural abnormality of the colon is the hallmark of irritable bowel syndrome (IBS). The digestive fire, or Agni, is housed in the Grahani. It holds onto the Ahara until it is completely broken down before passing it into the intestine, or Pakwashaya. According to Acharya Sushruta Sasthi(6th) Pittadhara Kala, which is located between Amashaya and Pakwashaya, Grahani is one of the crucial components of the Mahasrotas (GI tract). The pathophysiology of Grahani Roga centres on Agnidosha, which is linked to compromised digestive fire activity. Located above the Nabhi (umbilicus) area, Grahani is the seat of Agni (digestive fire), which aids in digestion by holding food in the Amashaya (stomach) for a predetermined amount of time. Agni itself gives Grahani its strength, and Grahani gives Agni its strength. When Agni becomes vitiated, Grahani too becomes vitiated and develops illnesses. In Ayurveda, various types of digestive disorders are classified as Grahani roga. Grahani is the functional site of assimilation and digestion, as described in Ashtanga Hridaya (Nidan stan 8) and Charaka Samhita (chikitsa stan 15). According to Sushruta Samhita (Uttar Tantra 40), Agni dusti (disturbance of digestive fire) is considered the root cause of the disease, resulting in incomplete digestion, accumulation of Ama (toxic residue), and ensuing vata increase. Clinical descriptions include undigested food particles, mucus, abdominal pain, weakness, and frequent or irregular bowel movements – all of which are symptoms of modern IBS. Therefore, in Ayurveda, IBS is viewed as a condition that includes both gastrointestinal and mental components.

IBS (Irritable Bowel Syndrome)

IBS, often known as irritable bowel syndrome, is a functional condition of the digestive system that is associated with changing bowel habits and abdominal pain or discomfort, without any structural, infectious, or biochemical abnormalities. IBS is a benign, long-term symptom complex that includes abdominal pain and altered bowel patterns^{5(p.756)}.

Pathophysiology of IBS

The pathophysiology of IBS is poorly understood, and its exact cause is unknown. nevertheless, the following components have been suggested:

Abnormalities of the gastrointestinal tract

25-75% of IBS patients have quantifiably altered GI motility when compared to healthy controls. quick intestinal transit, quick jejunal contraction waves, an increased number of colonic contractions (accelerated colonic transit), and rectosigmoid motor activity are all seen in patients with diarrhoea as their primary complaint. Both the number of colonic contraction waves and Oro-caecal transit are decreased in patients with predominant constipation^{5(p.756)}.

Visceral hypersensitivity

Increased sensory responses to intestinal distension brought on by visceral stimulation are associated to IBS. It is uncertain what causes visceral hypersensitivity. This is more prevalent in females and in IBS that is characterized by diarrhoea^{5(p.756)}.

Central neural dysregulation

Stress and mental disorder are clinically linked to an expansion of the IBS symptoms. According to MRI, IBS patient exhibits higher activation of the mid-cingulate cortex an area of brain involves in attention process and response selection, in response to distal colonic stimulation. Visceral pain may be perceived more intensely as a result of cerebral dysfunction^{5(p.757)}.

Abnormal psychological features

Up to 80% of IBS patients have abnormal psychiatric traits. These include somatization, neurosis, anxiety, tension, depression, and a lot of worry^{5(p.757)}.

Altered intestinal flora

Patient with IBS have been found to have bacterial growth in their small intestine, which is indicated by a positive lactulose hydrogen breath test and may be a contributing factor to IBS symptoms^{5(p.757)}.

Abnormal serotonin pathway

Neurotransmitter that is crucial for controlling visceral perception and GI motility is serotonin^{5(p.757)}.

Post infectious IBS

Shigella, *Salmonella*, and *Campylobacter* infections can cause IBS^{5(p.757)}.

Mucosal inflammation and immune activation

Some foods and diets can trigger an attack^{5(p.757)}.

Clinical Features

Age: All ages are affected by IBS. The majority of patients arrive between the ages of 20 and 40 before (45 years of age)

Gender: Women are more likely than men to have it (3:1).^{5(p.757)}

The most prevalent important symptom (clinical feature) for the diagnosis of IBS is stomach pain or discomfort.

Features of pain

Location: The hypogastrium or lower abdomen (left or right iliac fossa) are the most common places to report pain.

Aggravation: Emotional stress, inadequate sleep, and food consumption can all exacerbate pain and discomfort.

Relief: Defecating or passing flatus can provide some brief relief from abdominal symptoms.

Changes in bowel habits: The most common clinical manifestation of IBS. The following are subtypes or variations of bowel patterns:

IBS-constipation predominant (IBS-C): These individuals, who have spastic colitis, have persistent constipation and stomach pain.

Chronic intermittent watery diarrhoea, frequently without stomach pain, is the hallmark of IBS-diarrhoea predominant (IBS-D).

Constipation and diarrhoea alternate in people with mixed IBS.

Constipation followed by diarrhoea is the most frequent change in bowel habits.

Diarrhoea: frequent, usually painless bowel movements that are infrequent or never occur at night and generate low-volume faeces. Small amounts of loose faeces are typically the result of diarrhoea. feeling of incomplete evacuation, which results in several quick attempts at defecation.

Constipation: Rarely pass pellet-like (ribbon-like or pencil-like) faeces, typically accompanied by proctalgia or abdominal pain.

Stools: Usually narrowed Caliber and hard. may be accompanied by a lot of mucous being discharged.

Gas and flatulence: Female patients are more likely to experience abdominal distention and increased belching or flatulence. Exaggerated gastrocolic reflexes are the cause of postprandial tenesmus, which is prevalent.

Additional symptoms include nausea, vomiting, heartburn, and dyspepsia.

Physical Examination

Usually normal, with the exception of a sensitive, palpable sigmoid colon or abdominal soreness, which is typically in the lower left quadrant. When observing bowel motions, a rectal examination in IBS-C may reveal paradoxical contraction of the puborectalis muscle or decreased pelvic floor descent.

Investigations

Investigations are done to rule out organic gastrointestinal diseases.

Following investigations are to be carried out in IBS:

Full blood count (FBC)

Stool examination: for occult blood test, parasites, ova, leucocytes

Sigmoidoscopy

Colonoscopy

Barium Enema

In diarrhoea predominant patient investigations are done primarily to rule out Lactose intolerance, Celiac disease, microscopic colitis, Thyrotoxicosis, bile acid malabsorption.^{5(p.757)}

Diagnostic Criteria

Rome III diagnostic criteria: Recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months (with symptoms onset at least 6 months prior to diagnosis)

Associated with two or more of the following:

Improvement with defecation

Onset associated with a change in frequency of stool

Onset associated with a change in form (appearance) of stool
Symptoms that support the diagnosis of irritable bowel syndrome
Abnormal stool frequency ≤ 3 bowel movements per week or > 3 bowel movements per day
Abnormal stool form: Lumpy/hard stool or loose watery stool
Defecation straining
Urgency
Feeling of incomplete bowel movement
Mucus
Bloating or feeling of abdominal distention^{5(p.758)}

Red flag sign for IBS

Unintentional weight loss
Nocturnal diarrhoea
Minimal rectal bleeding
Unexplained Iron deficiency anaemia
Family history of colon cancer, IBD, Celiac disease
Fever^{5(p.758)}

Differential diagnosis of IBS

IBD
Crohn's Disease
Ulcerative colitis
Celiac disease
Lactose intolerance and other carbohydrate malabsorption
Microscopic colitis

Management of IBS

Dietary management:
Avoiding foods that produce gas and increase flatulence i.e. carrot, bean, onion, Raisin, apricot, banana, sprouts, wheat germ and alcohol, coffee and avoid fermentable carbohydrate.^{5(p.759)}

Management of constipation predominant IBS

Stool bulking laxatives- high fibre diet and bulking agent (hydrophilic colloids), osmotic laxatives, secretory stimulator
Prokinetic agent
Antispasmodic drug
Antidepressant drug
Antiflatulence therapy
Chloride channel activators

Management of diarrhoea predominant IBS

Avoid high fibre diet and legumes
Antidiarrheal drugs
Serotonin receptor antagonist
Antispasmodic drugs
Antibiotics
probiotics
Asimadoline use

In Ayurveda IBS is correlated to Grahani roga as mentioned earlier in introduction part. Different types of Grahani roga their signs, symptoms, pathophysiology and management are described by different acharyas.

Types of Grahani

Table 1: Different Types of Grahani mentioned by various ancient Acharyas^{6(pp.273-274)}

Grahani types	Acharya Charak	Acharya Sushrut	Acharya Madhav	Acharya Gananath Sen	Other Acharyas mentioned extra types
Vataja Grahani	yes	yes	yes	No	-
Pittaja Grahani	yes	yes	yes	No	-
Kaphaja Grahani	yes	yes	yes	No	-
Sannipataja Grahani	yes	yes	yes	No	-
Sangraha Grahani	No	No	yes	No	-
Ghatyantra Grahani	No	No	yes	No	-
Raja Grahani	No	No	No	yes	-
Nirmoka Grahani	No	No	No	yes	-
Kshataja Grahani	No	No	No	yes	-
Kshayaja Grahani	No	No	No	yes	-
Saama Grahani	yes	No	No	No	-
Swatantara Grahani	No	No	No	No	yes
Paratantra Grahani	No	No	No	No	yes

Nidan of Grahani

Acharya Sushrut has described Samanya nidana of Grahani roga as:⁷

Patient having Atisara disease, after getting relief from atisara involves in Ahita aahara vihara Sevana, Agnimandya.

Maharashi Charak has explained samanya nidana in context of Grahani roga as below:^{8(p.461)}

Abhojanat (no intake of food)

Ajeerna (indigestion)

Atibhojanat (excess eating)

Visamasanat

Asatmya bhojanat

Guru Sitadi Ruksha samdusta bhojanat

Virechana vamaana Sneha vibhramat

Desha kala Ritu vaisamyat

Vega dharanat (suppression of urges)

Atimatra bhojanat (eating in excess quantity)

Some Vishishta nidanas of different types of Grahani explained by Acharya Charak is

Vatika Grahani

Katu- Tikta- kashaya rasa yukta aahara sevana

Ruksha and Sheetatala bhojana

Pramitasana, Adhyasana

Vega nigraha (suppression of urges)

Atimaithuna (excessive sexual activity)^{8(p.462)}

Paitika Grahani

Katu amla kshara atisevana

Vidahi Bhojana sevana

Ajeerna

Pittavardhaka aahara atisevana^{8(p.463)}

Kaphaja Grahani

Ati guru snigdha madhura dravya sevana

Sitala padartha and Picchila dravya atisevana

Atibhojana

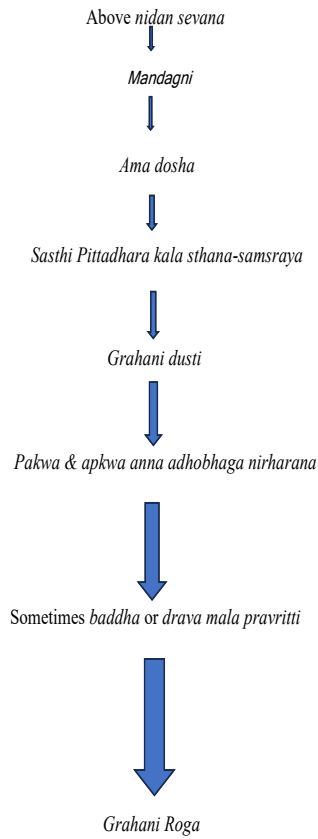
Bhukta matrasya cha swapna (Sleeping immediately after eating)

^{8(p.463)}

Sannipataja Grahani

Combination of all three Visista nidanas of vatic, paitik and kaphaja Grahani resulting Sannipataja Grahani

Samprapti Chakra ^{6(pp.274-275)}



Samprapti Ghataka

Dosha: Tridosha
 Dushya: Anna, Rasa
 Srotas: Annavaha and purishavaha
 Adhistana: Pittadhara kala, Grahani
 Srotasdusti: Atipravrutti
 Swabhava: Daruna
 Agni: Mandya
 Sadhyasadyata: Kricchra-Sadhya ^{6(pp.274-275)}

Purva Roopa of Grahani

Table 2: Purva roopa of Grahani roga are found in different samhita

Purva-roopa of Grahani	Charak Samhita Chikitsa sthana Grahani chikitsa Adhyaya ^{8(p.462)}	Sushrut Samhita Uttaratantra 40 th chapter ⁹	Astanga Hridaya Nidan Sthana 8 th Chapter ¹⁰
Trushna (thirst)	✓	-	✓
Alasya (laziness)	✓	-	-
Bala kshaya (loss of strength)	✓	-	-
Anna vidaha (burning abdomen)	✓	-	-
Pakascha chirat /chirat pachanam (Delay in digestion)	✓	-	✓
Kayasya gouravam (heaviness in body)	✓	-	-
Aruchi (anorexia)	-	✓	✓
Kasa (cough)	-	✓	✓
Karna-kshweda (tinnitus)	-	✓	✓
Antrakujana (Gurgling sound of abdomen)	-	✓	✓
Sadana (looseness of body)	-	-	✓
Amla-udgara (acid reflux)	-	-	✓
Praseka (salivation)	-	-	✓
Mukha-bairasya (decreased in taste of mouth)	-	-	✓
Klama (tiredness without exertion)	-	-	✓
Bhrama (vertigo)	-	-	✓
Chhardi (vomiting)	-	-	✓
Anaha (constipation)	-	-	✓

Samanya Lakshana of Grahani

When the pre-forms(purva-roopa) of the Grahani Dosha manifest (attain vyaktavastha), they are called as Samanya lakshana of Grahani roga.

Different samanya lakshanas of Grahani have found in Charak and Sushrut samhita as written below:

Atisrusta bibaddha or drava mala (irregular bowel habit)

Krushata (weakness)

Trushna (polydypsia)

Arochaka (anorexia)

Bairasya (Bitter taste of mouth)

Tama pravesa (darkness Infront of eyes)

Shuna pada kara (oedema over both extremities i.e. hand and leg)

Asthiparva ruk (pain in bones)

Chhardi (vomiting)

Jwara (fever)

Tikta-amla udgara (acid regurgitations)

Defecation reflexes immediate after eating foods ^{6(pp.275-276)}

Table 3: Some Vishishta lakshanas (specific features) of different types of Grahani Roga ^{6(pp.276-280)}

Vatika-Grahani lakshana	Paitik Grahani lakshana	Kaphaja Grahani lakshana	Sangarha Grahani lakshana	Raja Grahani lakshana
1.Kanthaasya sopha (dryness of mouth and throat)	1.Bluish andyellowish undigested stool	1.Painful and delayed digestion	1.Antrakujana (gargling sound in abdomen)	1.Dravamala (watery stool)
2.Kshut and Trushnadhikya (polyphagia and polydypsia)	2.Pitabha (yellowish discolouration of body)	2.Utklesha and vama (nausea and vomiting)	2.Diva-prakopa ratrou-santi (aggravation of symptoms during day time and remission during night)	2.Thick yellowish and white stool
3.Anna vidaha (burning abdomen)	3.Puti amla udgara (acid eructation with bad smell)	3.Sweet taste of mouth	3.Drava-snidgha Picchila-apakwa mala pravritti (liquid undigested stool mixed with mucous)	3.Sneha-yukta malapravritti(steatorrhea)
4.Difficulty in digestion	4.Hrut kantha daha (burning sensation of chest and throat)	4.Aruchi(anorexia)	4.Noisy defecation	4.Pandu (anaemia)
5.Apakwa annapravritti (evacuation of undigested food)	5.Aruchi (anorexia)	5.Mucoid secretion of mouth	5.Increased quantity of stool	5.Whitish tongue and body
6.Chhardi and atisara (diarrhoea with vomiting)	6.Trushna (polydypsia)	6.Kasa and pratisyaya (cough and rhinitis)	6.Alasya (lassitude)	6.Mukhapaka (stomatitis)
7.Hrud peeda (chest pain)	-	7.Heaviness of abdomen	7.Agnimandya (indigestion)	7.Bala kshayaya (loss of strength)
8.Karshya and dourbalya (weakness)	-	8.Streesu apraharsanam (loss of libido)	8.Dourbala (weakness)	-
9.Mukha Bairasya (bitter taste of mouth)	-	9.Dourbalya (weakness)	9.Kativedana (backache)	-
10.Parikartika (fissure-in-Ano)	-	10.Undigested and mucous mixed stool	-	-
11.Manashika avasada (depression)	-	11.Alasya (lassitude)	-	-
12.Karnanada (tinnitus)	-	12.Weakness present in body without cachexia	-	-
13.Gulma, Hridaya and plecha roga	-	-	-	-
14.Pain in neck, chest, thighs and head region	-	-	-	-

Table 4: Some Vishishta lakshanas (specific features) of different types of Grahani Roga ^{6(pp.276-280)}

Ghatyantra Grahani lakshana	Saamaja Grahani lakshana	Nirmoka Grahani lakshana	Kshataja Grahani lakshana	Kshayaja Grahani lakshana
1.Atidourbalyata (excess weakness)	1.Visthambha (constipation)	1.Picchila mala pravritti (mucous mixed stool)	1.Frequent passing of liquid stools	1.Picchila mala pravritti (mucous mixed stool)
2.Atinidra (excess sleep)	2.Praseka (salivation)	2.Passage of stool with intestinal mucous membrane	2.Amayukata drava mala (Mucoid liquid stool)	2.Rakta misrita mala pravritti (Malena)
3.Pain in costal region during sleep	3.Udarashoola (pain abdomen)	3.Sashoola mala pravritti (pain during defecation)	3.Sahama shonita barchaha (bloody stool)	3.Atisara (diarrhoea)
4.Noisy defecation	4.Vidaha (burning sensation)	4.Vivandha (constipation)	-	-
-	5.Aruchi (anorexia)	-	-	-
-	6.Gouravam (heaviness in body)	-	-	-
-	7.Apakwa anna (undigested food)	-	-	-

Sadhya-sadhya

In children Grahani is Sadhya vyadhi (curable), in young aged and adults i.e. joubana Avastha it is Kricchra Sadhya and in old age i.e. Bruddha Avastha it becomes Asadhya (incurable).

When single dosha is involved in Grahani disease like Vataja, Pittaja and kaphaja Grahani then these become Sukha Sadhya roga (easily curable). Sannipataja Grahani is Kricchra Sadhya in nature. Ghatyantra Grahani is Asadhya (incurable) and Sangraha Grahani is Duschikitsya (difficult to treat or nearer to incurable). When some symptoms as described in texts or Samhitas are associated with Atisara roga then it becomes Asadhya similarly these symptoms when linked or found in Grahani disease it will also be treated as Asadhya vyadhi. ^{6(pp.280-281)}

Upadrava (complication) of Grahani roga

Acharya Gananath Sen has mentioned following Upadrava (Complications) of Grahani roga in Siddhanta Nidan:

Jwara (fever)
Shoola (pain)
Vamana (vomiting)
Pralapa (delirium)
Swasa (dyspnoea)
Sotha (oedema)
Hikka (hiccough)
Adhmana (flatulence)
Teebra Arochaka (anorexia)
Pandu (anaemia) ^{6(p.281)}

Sapekshya Nidan (Differential diagnosis)

The differential diagnosis of Grahani disease can be done with diseases like Atisara (diarrhoea), Amatisara, Pravahika (dysentery), Adhoga Amlapitta, Udara roga due to Agnimandya (decrease in Digestive fire). ^{6(p.281)}

Chikitsa Siddhanta (Treatment principle)

The first and foremost treatment principle of any disease is Nidan parivarjana (avoidance of causative or aggravating factor).

The doshas dependent on Grahani roga should be treated like Ajeerna and then Langhana Deepana medicine should be prescribed. Acharya Vagbhatta has also advised to treat Grahani roga like Ajeerna roga.

Sushrut has mentioned in his samhita that Deepana chikitsa is beneficial for the treatment of Grahani.

In Saama dosha state vamana should be given with Luke warm water or Madana phala, Pippali or Sarshapa kashaya.

As Arsha, Atisara and Grahani these three are the mutual causative factor of each other and all three are originated from Mandagni, so the treatment principle will be Deepana chikitsa in above all mentioned diseases.

Takra is best medicine for Grahani as told by Acharya Charak.

Charak has advised the use of Deepana and virechana chikitsa for the vitiated doshas which are accumulated in Pakwasaya and when Saama rasa spread throughout the body he recommends langhana and Pachana Oushadhi. ^{6(p.282)}

Treatment principle of specific type of Grahani

Vataja Grahani treatment:

For Ama dosha pachana, deepaniya dravya siddha Ghratapana is indicated. After Agnideepana occurs for vatanulomana karma Snehana, swedana karma should be done and there after Niruha vasti will be given with kwatha made up of vataghna oushdhi. When vata samana occurs for elimination of sithila dosha virechana karma will be done. After appropriate shodhana Anuvasana vasti is indicated. After that samsarjana karma will be followed.

Pittaja Grahani treatment:

When dosha utklesha Avastha is attained in Pittaja Grahani, pitta should be eliminated by vamana and virechana karma. Ghee is

added to Deepana- Grahi Oushadha and it is given to patient with Dadima Swarasa. Digestive fire should be increased by using Tiktaka Ghrita and Deepaniya dravya churna.

Sannipataja Grahani treatment:

Methodically panchakarma should be performed in this situation. Then patient will be given Agni vardhaka Ghrita, kshara, Asava and Arista. In this type of Grahani as all doshas are involved so vata, pitta and kapha-nasaka treatment will be given one followed by other according to predominance of dosha. ^{6(pp.282-284)}

Samshodhana chikitsa in Grahani

Snehana, swedana
Vamana
Virechana
Niruha vasti
Anuvasana vasti ^{6(p.284)}

Samshamana chikitsa yoga in Grahani

Rasa oushadhi / Parpati Kalpana

Agnikumara Rasa
Grahani kapata Rasa
Grahani shardula Rasa
Nrupatiballabha Rasa / Rajaballabha Rasa
Hemagarbha potali Rasa
Piushaballi Rasa
Ramavana Rasa
Hiranya Garbha potali Rasa
Rasa Parpati
Louha Parpati
Panchamrit Parpati
Astamrit Parpati
Swarna Parpati
Vijaya Parpati ^{6(pp.284-288)}

Vati Kalpana

Citrakadi vati
Dugdha vati
Jatiphaladi vati
Rasabhra vati
Sambukadi vati
Agnitundi vati
Paniya bhakta vati
Jeerakadi modaka
Kshara Gutika

Churna preparations

Bilvamajja churna
Jatiphaladi churna
Jeerakadya churna
Lavangadi churna
Gangadhar churna
Nagaradya churna
Dadimastaka churna
Pathadi churna

Kwatha/Asava/Arista Kalpana

Dhanyapanchaka kwatha
Nagaradi kwatha
Dhanyakadi kwatha
Tiktadi kwatha
Chaturbhadra kwatha
Marichadya kwatha
Pinda Asava
Madhukasava
Durlabhasava
Mulasava
Takarista
Madhwarista

Ghrita and Taila

Bilvadi Ghrita
Trayausanadi Ghrita
Chandanadya Ghrita
Panchamuladya Ghrita
Astapala Ghrita
Citraka Ghrita
Sunthi Ghrita
Dasamuladya Ghrita
Mahasatpala Ghrita
Marichyadi Ghrita

Avaleha/paka

Kalyanaka Guda
Takra Haritaki
Bilvadi Avaleha

Kshara Kalpana

Durlabhadi kshara
Bhallataka kshara
Bhunimbadi kshara
Haridradi kshara
Pippalimuldi kshara

Kalpa prayoga

It was first described by Chakrapani Datta in the management of Grahani roga. Any one from the Parpati Kalpana as mentioned earlier can be used in kalpa yoga in increasing, stationary and decreasing order of daily dose for 10 days each respectively and the total kalpa prayoga is for 30days in such a way that the initial and ending dose will remain same. Starting dose will be 100mg for all Parpati Kalpana.

Pathyapathya in Grahani

Table 5: Pathya -Apathya Aahara and Vihara in Grahani roga ^{6(p.289)}

Pathya Aahara	Pathya vihara
Purana shali (old Rice), Laja Manda (Puffed Rice), Mudga jusha (Mung Bean soup), Jangala prani (wild animals), Mamsarasa (meat soup), Takra (Butter Milk), Masura (lentil), Aja- dugdha (Goat milk), Dadhi (curd) and Ghrita (Clarified butter), Tila taila (sesame oil), madya (alcohol), honey, kapittha (wood apple), Changeri (Indian sorrel), jeera (cumin), Jambu (java plum), dhania (coriander), Bilwa (stone apple), Kutaja Twak (bark of kutaja tree)	Divaswapna (Day sleep), upavasa (fasting), langhana, Agnikarma, Vasti (bladder therapy), Vamana(emetion)
Apathya Aahara	Apathya vihara
Godhuma (wheat), masa, Adraka(zinger), potato, Kanda phala (tuberous or bulbous fruit), Tumbi, Lasuna (garlic), Kanji, Souveera, Tushodaka, Dugdha (milk), Guda (jaggery), patra saka (leafy vegetables), Gomutra (cow's urine), Yava kshara, Guru dravya (food which is heavy to digest), Lavana (salt), Virechaka dravya (purgative drugs), Viruddha Aahara sevana	Ratri Jagarana (night awakening), Snana (bath), Ati-jalapana (excess drinking), Vega dharana (suppression of urges), Nasya, Stree-samsarga (indulgence with sexual activity with women), Anjana, Dhumapana, Atapasevana (exposure to sunlight)

CONCLUSION

Irritable Bowel Syndrome (IBS), which is understood as 'Grahani' in Ayurveda, primarily arises due to an imbalance of doshas, leading to a decrease in digestive fire (Agni), resulting in improper digestion, the production of toxins (ama), and disruption of intestinal activities. Acharya Charaka has clearly described that when doshas accumulate in the intestines, they should be managed through digestive (Deepana) and digesting (pachana) medicines to reawaken the Agni and eliminate undeveloped waste. In more severe cases, purification measures such as Virechana (purgation) help to expel deeper toxins. The Ayurvedic approach to Grahani/IBS is highly personalized. The treatment does not only focus on intestinal irregularities but also addresses the underlying imbalances in diet, digestion, and lifestyle. Mild treatments (Langhana), dietary rules (pathyapathya), and practices for mental peace are considered equally important, acknowledging the power of the gut-brain connection in this disorder. This holistic model provides highly relevant insights for modern IBS management. While contemporary medicine often focuses on symptom relief, Ayurveda emphasizes long-term improvement by harmonizing digestive capacity and lifestyle. By restoring Agni and balancing the doshas, Ayurveda offers sustainable relief and reduces recurrences. Thus, the ancient knowledge of Deepana, Pachana, and purification therapy (vamana, virechana, vasti), combined with specific dietary and behavioural regulations, serves as a safe and effective framework for IBS management in today's world.

REFERENCES

1. Lovell RM, Ford AC. Global prevalence of and risk factors for irritable bowel syndrome: A meta-analysis. Clin Gastroenterol Hepatol. 2012;10(7):712-21.
2. Altomare A, Di Rosa C, Imperia E, Emerenziani S, Cicala M, Guarino MP. Diarrhoea predominant-irritable bowel syndrome (IBS-D): Effects of different nutritional patterns on intestinal dysbiosis and symptoms. Nutrients. 2021;13(5):1506.
3. Drossman DA. Functional gastrointestinal disorders: History, pathophysiology, clinical features and Rome IV. Gastroenterology. 2016;150(6):1262-79.
4. Kim JH, Lin E, Pimentel M. Biomarkers of irritable bowel syndrome. J Neuro-gastroenterol Motil. 2017;23(1):20-6.
5. Bloor A, Nayak R. Exam Preparatory Manual for Undergraduates: Medicine. 2nd ed. New Delhi: Jaypee Brothers Medical Publishers; 2018. Gastroenterology; p. 756-759.
6. Sharma AK. Kayachikitsa. Part II. 2nd ed. New Delhi: Bhartiya Chikitsa Kendriya Parishad; 2019. Grahani Dosh; p. 273-289.
7. Sushruta. Sushruta Samhita. Sastri KA, editor. Ayurveda-Tattva-Sandipika Hindi Commentary. Part II. Uttara Tantra; Atisara Pratisedham: Chapter 40. Varanasi: Chaukhamba Sanskrit Sansthan; 2020. p. 305.
8. Agnivesha. Charaka Samhita. Shastri K, Chaturvedi G, editors. Vidyotini Hindi Commentary. Part II. Chikitsa Sthana; Grahani Chikitsa Adhyaya: Chapter 15, Verse 42-43. Varanasi: Chaukhamba Bharati Academy; 2018. p. 461-3.

9. Sushruta. Sushruta Samhita. Sastri KA, editor. Ayurveda-Tattva-Sandipika Hindi Commentary. Part II. Uttara Tantra; Atisara Pratisedham: Chapter 40. Varanasi: Chaukhamba Sanskrit Sansthan; 2020. p. 308.
10. Vagbhata. Ashtanga Hridaya. Gupta A, editor. Vidyotini Hindi Commentary. Nidana Sthana; Atisara Grahani Dosha Nidana: Chapter 8, Verse 21-22. Varanasi: Chaukhamba Prakashan; 2019. p. 338.

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