Case Study

www.ijrap.net

(ISSN Online: 2229–3566, ISSN Print: 2277–4343)

GRAHANI WITH SPECIAL REFERENCE TO IRRITABLE BOWEL SYNDROME (IBS): A SINGLE CASE STUDY

A. Suvase [1]*, P. Muneshwar [2], S. Soman [3]

[1] PG Scholar, SST Ayurved Mahavidyalaya, Sangamner, Maharashtra, India

[2] Guide, SST Ayurved Mahavidyalaya, Sangamner, Maharashtra, India

[3] HOD, Department of Kayachikitsa, SST Ayurved Mahavidyalaya, Sangamner, Maharashtra, India

Received on: 27/5/26 Accepted on: 10/7/26

***Corresponding author**

E-mail: aditisuvase1999@gmail.com

DOI: 10.7897/2277-4343.174132

ABSTRACT

Background: Grahani Roga, described in classical Ayurvedic texts, is a functional disorder of the Annavaha Srotas arising primarily from Agnimandya (diminished digestive fire). Its clinical manifestations — alternating bowel habits, abdominal pain, bloating, mucus in stools and incomplete evacuation — closely parallel those of irritable bowel syndrome (IBS) as defined in contemporary gastroenterology. Case Presentation: A 41-year-old male industrial worker with rotating shift duties presented to the Kayachikitsa OPD of SST Ayurveda Mahavidyalaya with an 8-month history of abdominal pain, bloating, alternating constipation and diarrhoea (Muhurbaddha–Muhurshithila), mucus in stools and a persistent sense of incomplete evacuation (Krute api Akrut Sangya). Relevant Nidana included Guru-Abhishyandi Ahara (curd-marinated meat, cream-rich dishes, deep-fried snacks), Vishama Ashana, Ratrijagara and chronic occupational stress. Investigations ruled out organic pathology; the condition was diagnosed as Grahani Roga (VataKapha predominant, Amaja) correlating with IBS-Mixed type (IBS-M) by Rome IV criteria. Intervention: A structured 45-day Ayurvedic protocol was administered comprising Deepana-Pachana with medicated Takra (Jeeraka, Dhanyaka, Saindhava), Grahani-balya and Vatashamaka churnas (Triphala, Shunthi, Jeeraka, Dhanyaka, Hingu; Musta, Patha, Dhamasa, Patola, Kutaja), and Yoga Basti — Mocharasa Taila Anuvasana and Dashamoola Kwatha Niruha — initiated from Day 8. Outcome: By day 45, the patient achieved marked improvement in stool consistency, resolution of mucus, significant reduction in abdominal pain and bloating, normalisation of appetite and enhanced functional capacity. Stool examination and ultrasonography confirmed clinical recovery. Conclusion: This case demonstrates that a Grahani-oriented Ayurvedic regimen integrating Agnideepana, Amapachana, Grahanibalya and Yoga Basti can offer effective, sustained relief in IBS-M and warrants validation through controlled clinical trials.

Keywords: Grahani, Irritable Bowel Syndrome, IBS-Mixed, Yoga Basti, Takra, Kutaja, Agnimandya, Ayurveda

INTRODUCTION

Grahani is a problem that affects the Annavaha Srotas, which is talked about in Ayurveda. This problem is mainly caused by Agnimandya. When our body fire, called Agni, gets out of balance because of the food and lifestyle, it leads to the formation of bad stuff called Ama. This causes blockages and problems with the way Grahani works, resulting in symptoms like bowel movements, too much or too little stool, stomach pain, bloating and constipation. Grahani problems can be uncomfortable. Cause a lot of issues. The symptoms of Grahani problems include Muhurbaddha Muhurdrava Mala, which is a problem with bowel movements and Atipravritti or Apravritti of Purisha, which is when the stool is either too loose or too hard. People with Grahani problems may also experience Udarashoola, which is stomach pain, Udaragaurava, which is bloating and Vibandha, which is constipation.

In medicine, irritable bowel syndrome is a long-term problem that affects the stomach and intestines. It causes repeated stomach pain and changes in bowel movements. This happens even when doctors cannot find anything in the body. The symptoms of irritable bowel syndrome with bowel pattern are very similar to something called Grahani Lakshanas.

This article is about a patient from the Kayachikitsa OPD at SST Ayurveda Mahavidyalaya. It talks about how the doctors used methods to diagnose Grahani and IBS. The doctors used a combination of Deepana Pachana and Grahani Balya Dravyas, along with Yoga Basti, to treat the patient. They did this because they wanted to see if these methods could really help people, with Grahani and IBS. The patient was treated with these methods. The results were good. The doctors think that using Deepana Pachana, Grahani Balya Dravyas, and Yoga Basti together can be a way to treat people with Grahani and IBS.

CASE PRESENTATION

Patient Details

Age/Sex: 41-year-old male
Occupation: Industrial worker, rotating shift duties
Setting: Kayachikitsa OPD, SST Ayurveda Mahavidyalaya

Chief Complaints (for 8 months)

Abdominal pain and bloating, especially after meals
Altered bowel habits – alternation of constipation and diarrhea (Muhurbaddha–Muhurshithila)
Passage of mucus in stool
Sense of incomplete evacuation after defecation (Krute api Akrut Sangya)
Indigestion, heaviness after food, occasional loss of appetite

History of Present Illness

The patient slowly started to get stomach pain, and their belly got really big. They had trouble with bowel movements; sometimes they were very hard and small, and other times they were loose

and had mucus in them. The patient went to see doctors, and they took medicine to help with spasms and diarrhea, and they even took probiotics. They only felt a little better for a short time. The patient's symptoms got worse when they were stressed, did not eat meals and had to work at night.

Personal, Occupational and Lifestyle History
Mixed diet, predominantly nonvegetarian
Frequent curd marinated meat and cream/butter rich dishes
Vada pav almost daily during breakfast and as snack during work
Disturbed, irregular sleep due to shift duties
High work-related stress
Ayurvedic Clinical Assessment

Ethical Statement
The study was conducted in accordance with the ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants and the principles of ICH-GCP. Written informed consent was obtained from the patient before publication of this case report. Patient identity has been protected.

Nidana
Aharaja: Adhyashana, Vishama Ahara, Guru Snigdha Abhishyandi Ahara (curd + heavy nonveg + deep fried foods).[2,3]
Viharaja: Ratrijagara, Irregular schedule, stress.[2,3]
Manasika: Chinta, Udvega.

Samprapti (Pathogenesis)

For a time, Guru Abhishyandi Ahara and Vishamashana have been causing problems. They lead to Agnimandya and Ama formation. This results in Srotorodha in the Annavaha and Purishavaha Srotas. It also causes VataKapha Prakopa centered in Grahani.

This is what is happening: people get Muhurbaddha and Muhurdrava Mala. They get Udarashoola and Udaragaurava. They also get a lot of mucus and Krute api Akrut Sangya. This is similar to IBSM.

Abhishyandi Ahara and Vishamashana are the causes of these problems

- Agnimandya and Ama formation are the results of Abhishyandi Ahara and Vishamashana
- Annavaha and Purishavaha Srotas are affected by Srotorodha
- VataKapha Prakopa centred in Grahani is also a result of Abhishyandi Ahara and Vishamashana
- These problems are similar to IBSM because of Muhurbaddha and Muhurdrava Mala and other issues.

Modern Investigations
Before treatment: CBC, LFT, RFT, thyroid profile: Within normal limits (ESR mildly raised)
Stool exam: Mucus present, no blood, no ova/cyst
USG abdomen: No organic pathology, mild gaseous distension
These findings supported a functional bowel disorder (IBS) rather than structural disease.[1,8]

Diagnosis
Ayurvedic: Grahani Roga (Vata Kapha predominant, Amaja)[2,3]
Modern: Irritable Bowel Syndrome – Mixed type (IBSM)[1,8,9]

Treatment Protocol
General Line of Management:
Nidana Parivarjana
Deepana Pachana and Amapachana
Grahanisthapana and Grahi Dravyas
VataKaphashamana
Yoga Basti after initial Amapachana[4–7,10,11]

Table 1: Drug and its ingredients, mode of action and samprapti bhang.

Drug	Ingredients	Mode of Action	Samprapti Bhang
Takra with Jeeraka, Dhanyaka and Saindhava Lavan	Takra, Jeeraka, Dhanyaka, Saindhava Lavan	Deepana, Pachana, Grahani-sthapana, Vata-Kapha-hara, Kleda-shoshana	Enhance Jatharagni and dries excessive Kleda and Ama, improving stool consistency and reducing mucus.
Churna: Triphala + Shunthi + Jeeraka + Dhanyaka + Hingu	Triphala, Shunthi, Jeeraka, Dhanyaka, Hingu	Mild Rechana, Rasayana, Deepana-Pachana	Normalizes bowel movements, reduces Ama, and supports mucosal healing.
Second Combination: Musta, Patha, Dhamasa, Patola, Kutaja	Musta, Patha, Dhamasa, Patola, Kutaja	Deepana, Pachana, Tridosha-shamaka	Controls mixed bowel pattern by digesting remaining Ama.
Mocharasa Taila Anuvasana Basti	Mocharasa	Kashaya Rasa, Grahi, Stambhana, Vrana-ropaka	This thing helps to calm down the Vata.
Dashamoola Kwatha Niruha Basti	Dashamoola	Tridosha-shamaka with emphasis on Vata-Kapha Harana	Regulates Apana Vayu, stabilizes bowel movements.

Pathya–Apathya

Pathya
Light, warm, freshly prepared meals; Yavagu, Manda, Peya, Mudga Yusha.[2,3,12]
Takra preparations with Jeeraka, Dhanyaka as advised[2,12]
Well-cooked, easily digestible vegetables (lauki, tori, pumpkin).
Small quantity of Ghrita; adequate warm water; regular meal timings.
Gentle walking after meals; simple Yogasana and Pranayama; adequate sleep and stress management.[19]

Apathya
Vadapav, deep-fried fast food, heavy non-veg, curd-marinated meat, cream/butter rich gravies.
Excess curd, especially at night; bakery, refined flour, refrigerated foods.
Excess tea/coffee, aerated drinks.
Irregular meal timings, late dinners, skipping meals; Ratrijagara as far as avoidable.[2,3,12]

FOLLOW-UP AND RESULTS

Follow-up Schedule
Visit 1 (Day 0–15): Internal drugs + Yoga Basti from Day 8
Visit 2 (Day 15–30): Internal drugs (adjusted doses);
Visit 3 (Day 30–45): Maintenance medication; strict Pathya; no further Basti unless required.

Table 2: Phase, Duration, Follow-Up, Plan, Clinical Progress

Visit	Duration	Medications	Basti Treatments	Symptoms	Diet and Lifestyle
1	First 15 days	Internal medications as usual	No Basti treatments for 7 days	Stomach pain reduced, less bloating, bowel movements 1-2 times a day, no mucus in stools, complete bowel emptying	Focus on Ama-Pachana
2	Second 15 days	Continuation of oral medications with dose adjustment	Short repeat Basti course if needed	Occasional bloating, alternating diarrhea and constipation, well-formed stools, improved appetite, better sleep	Maintained lifestyle changes
3	Third 15 days	Maintenance internal medication in lower doses	No further Basti unless clinically required	Bowel movements almost normal, no mucus, less pain and bloating, increased work ability, reduced anxiety	Emphasized Pathya-Ahara and lifestyle discipline

Investigations After Treatment (Day 45)
ESR reduced; CBC, LFT, RFT remained normal
Stool: Normal consistency, no mucus or blood, no ova/cyst
USG abdomen: No abnormality; gaseous distension absent
These findings are consistent with a favourable response to the Ayurvedic regimen.[8,9,14,17]

DISCUSSION

This case illustrates the classical presentation of Grahani Roga in a contemporary occupational context, highlighting how modern lifestyle factors — rotating shift work, irregular dietary habits, chronic psychological stress and consumption of Guru-Abhishyandi Ahara — constitute potent Nidana capable of precipitating Agnimandya and subsequent Ama accumulation. The resulting Srotorodha in Annavaha and Purishavaha Srotas, with predominant VataKapha Dushti, mirrors the pathophysiological construct of IBS-M as defined by the Rome IV criteria, wherein altered intestinal motility, visceral hypersensitivity and dysbiosis coexist without demonstrable structural disease.[1,8,9]

The therapeutic rationale was anchored in a sequential correction of the Samprapti. Initial Deepana-Pachana with medicated Takra served a dual purpose: correcting Agnimandya at the level of Jatharagni while simultaneously exerting Kleda-shoshana (reducing excessive moisture) through the combined action of Jeeraka (*Cuminum cyminum*), Dhanyaka (*Coriandrum sativum*) and Saindhava Lavana. Ethnopharmacological evidence supports the carminative and prokinetic properties of these spices, which stimulate secretion of digestive enzymes and bile, thereby expediting Ama pachana.[15] Takra itself, by virtue of its Kashaya-Amla rasa and Laghu-Ruksha guna, is a validated Grahani-sthapana dravya extensively prescribed in the classical corpus.[2,3,12]

The first churna combination — Triphala, Shunthi, Jeeraka, Dhanyaka and Hingu — provided mild Rechana (gentle laxation) to clear residual Ama while simultaneously initiating mucosal healing through the Rasayana properties of Triphala. Clinical studies corroborate the efficacy of Triphala in modulating intestinal transit, reducing oxidative stress on intestinal mucosa and restoring the gut microbiome, all of which are mechanisms relevant to IBS pathogenesis.[14] The second combination — Musta (*Cyperus rotundus*), Patha, Dhamasa, Patola and Kutaja (*Holarrhena antidysenterica*) — addressed the Atisara component by exerting Grahi, Stambhana and Tridosha-shamaka effects. Pharmacological investigations confirm the anti-diarrhoeal and antimicrobial activity of Kutaja alkaloids (conessine, holarrhimine), offering a mechanistic basis for its action in mucus-associated diarrhoea.[17]

Yoga Basti — the sequential administration of Mocharasa Taila Anuvasana followed by Dashamoola Kwatha Niruha — was the pivotal intervention addressing the deep-seated Vata Dushti, which is the principal dosha governing Apana Vayu and hence bowel motility. Anuvasana Basti with Mocharasa Taila, a Kashaya-dominant medicated oil, provides the Grahi, Vrana-ropaka and Vata-shamana effects required to stabilise mucosal integrity and normalise colonic tone.[4-6] Niruha Basti with Dashamoola Kwatha delivers Tridosha-shamaka activity with a pronounced Vata-Kapha hara effect, directly regulating Apana Vayu dysregulation that underpins the alternating bowel pattern.[6,11] The classical superiority of Basti in Grahani management is unambiguous, as Charaka designates it the Ardha Chikitsa — half of all treatment.[6]

The stepwise clinical improvement across three follow-up visits, culminating in normalisation of stool examination parameters and resolution of ultrasonographic gaseous distension by Day 45, is consistent with outcomes reported in analogous Ayurvedic case studies and preliminary clinical trials on IBS.[8,9,14,17] Notably, prior allopathic management had provided only temporary symptomatic relief, underscoring the limitation of targeting symptom suppression in a pathogenetically complex functional disorder. The Ayurvedic approach, by dismantling the root Samprapti — correcting Agni, clearing Ama, pacifying VataKapha and restoring Srotasa integrity — achieved a durable therapeutic response.

Pathya-Apathya counselling reinforced the treatment by eliminating the original etiological factors. Substitution of Guru-Abhishyandi foods with light, warm, easily digestible preparations and the incorporation of Yogasana, Pranayama and regular sleep hygiene addressed the Manasika and Viharaja components of Nidana, which are increasingly recognised in evidence-based medicine as significant modulators of the gut-brain axis in IBS.[19] These findings collectively affirm that the Grahani-oriented management paradigm offers a comprehensive, multi-targeted approach to IBS-M that addresses aetiology, pathogenesis and predisposing lifestyle factors in an integrated manner.

CONCLUSION

This case study demonstrates that a structured Ayurvedic intervention — comprising Nidana Parivarjana, Deepana-Pachana, Grahanibalya dravyas and Yoga Basti — can achieve clinically significant and sustained remission in a patient with IBS-M correlating to Vata-Kapha-predominant Grahani Roga. The sequential therapeutic approach, targeting Agnimandya and Ama at the root of Samprapti before addressing Dosha-specific manifestations through Yoga Basti, resulted in complete resolution of mucus in stools, normalisation of bowel frequency and consistency, reduction of abdominal pain and bloating, and improvement in quality of life over 45 days.

The pharmacological actions of Takra with Deepana spices, Kutaja-based churnas and Dashamoola-Mocharasa Basti align with contemporary evidence in gastroenterology regarding prokinetics, anti-diarrhoeals and gut-motility modulators, providing a translational basis for these classical prescriptions.

The role of Yoga Basti as the definitive Vata-shamana measure deserves particular emphasis, given the central role of Apana Vayu dysregulation in the alternating bowel pattern of IBS-M.

This case affirms the clinical relevance of Grahani Roga as an Ayurvedic explanatory framework for functional gastrointestinal disorders. It highlights the therapeutic potential of integrating classical Panchakarma with evidence-informed herbal medicine. Rigorous randomised controlled trials with standardised Grahani-oriented protocols, adequate sample sizes and validated outcome measures are essential to establish the efficacy and safety of these interventions within the evidence-based medicine framework, and to facilitate their integration into mainstream functional gastrointestinal disease management.

REFERENCES

1. Longstreth GF, Thompson WG, Chey WD, Houghton LA, Mearin F, Spiller RC. Functional bowel disorders. Gastroenterology. 2006;130(5):1480–91.
2. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana 15, Grahani Chikitsa. Tripathi B, editor. 1st ed. Varanasi: Chaukhamba Surbharati Prakashan; 2006.
3. Vagbhata. Ashtanga Hridaya, Nidana Sthana 12, Grahani Nidana; Chikitsa Sthana 8, Grahani Chikitsa. Kunte AM, Navare KS, editors. 8th ed. Mumbai: Nirnaya Sagar Press; 2002.
4. Sushruta. Sushruta Samhita, Chikitsa Sthana 35, Basti Chikitsa. Sharma P, editor. Varanasi: Chaukhamba Visvabharati; 2010.
5. Vagbhata. Ashtanga Hridaya, Sutra Sthana 19, Basti Vidhi. Kunte AM, Navare KS, editors. 8th ed. Mumbai: Nirnaya Sagar Press; 2002.
6. Tripathi B. Charaka Samhita (Ayurvedadipika Commentary), Siddhi Sthana 3, Basti Siddhi. Varanasi: Chaukhamba Surbharati Prakashan; 2006.
7. Sharma PV. Dravyaguna Vijnana, Vol. 2. Varanasi: Chaukhamba Bharati Academy; 2005.
8. Lacy BE, Mearin F, Chang L, Chey WD, Lembo AJ, Simren M, *et al.* Bowel disorders. Gastroenterology. 2016;150(6):1393–407.
9. Drossman DA. Functional gastrointestinal disorders: history, pathophysiology, clinical features and Rome IV. Gastroenterology. 2016;150(6):1262–79.
10. Murthy KRS. Vagbhata's Ashtanga Hridaya (Text, English Translation, Notes), Vol. 2. Varanasi: Chaukhamba Krishnadas Academy; 2016.
11. Tiwari PV. Ayurvediya Panchakarma Vigyan. 4th ed. Varanasi: Chaukhambha Vishvabharati; 1999.
12. Chunekar KC, Pandey GS. Bhavaprakasha Nighantu (Commentary). Varanasi: Chaukhamba Bharati Academy; 2010.
13. Nadkarni KM. Indian Materia Medica, Vol. 1. Mumbai: Popular Prakashan; 2009.
14. Peterson CT, Denniston K, Chopra D. Therapeutic uses of Triphala in Ayurvedic medicine. J Altern Complement Med. 2017;23(8):607–14.
15. Platel K, Srinivasan K. Digestive stimulant action of spices: a myth or reality? Indian J Med Res. 2004;119(5):167–79.
16. Sharma R, Dash B. Materia Medica of Ayurveda Based on Madanapala's Nighantu. Varanasi: Chaukhamba Orientalia; 2003.
17. Bairy I, Shivananda PG. Efficacy of *Holarrhena antidysenterica* in experimental models of diarrhea. Indian J Pharmacol. 2001;33(3):168–71.
18. Singh RH. An Integrated Approach to Clinical Practice in Ayurveda. Varanasi: Chaukhamba Orientalia; 2005.
19. Telles S, Nagarathna R, Nagendra HR. Yoga for gastrointestinal disorders. In: Scharff L, editor. Mind-Body Medicine. New York: Nova Science; 2004. p. 223–40.

Cite this article as:

A. Suvase, P. Muneshwar and S. Soman. Grahani with special reference to Irritable Bowel Syndrome (IBS): A Single Case Study. Int. J. Res. Ayurveda Pharm. 2026;17(4):37-40
doi: http://dx.doi.org/10.7897/2277-4343.174132

Source of support: Nil, Conflict of interest: None Declared