ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 9| September 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

# A CASE STUDY ON MANAGEMENT OF VATAJA GRAHANI THROUGH AYURVEDA

**Dr.Lalita Suranagi[1] Dr.Ananta S Desai[2], Dr.Mythrey R C[3]**

[1]*Final Year PG Scholar, Department of Kayachikitsa,Government Ayurveda Medical College,Mysuru.*
[2]*Professor and Head of the Department, Department of Kayachikitsa,Government Ayurveda Medical College, Mysuru.*
[3]*Professor and Head of the Department, Department of Kayachikitsa,Government Ayurveda Medical College, Bengaluru.*

**ABSTRACT**

*Irritable Bowel Syndrome is a chronic functional gastrointestinal disorder characterized by abdominal pain, altered bowel habits, and bloating without identifiable structural pathology. In Ayurveda, this condition can be correlated with Grahani Roga, particularly Vataja Grahani, where deranged Agni and aggravated Vata play a crucial role. A 19-year-old female presented with complaints of postprandial urgency for defecation, increased stool frequency of 5–6 times per day, alternating bowel habits, abdominal pain relieved after defecation, bloating, reduced appetite, and a persistent feeling of incomplete evacuation for six months. The symptoms aggravates by intake of spicy and fried foods, while bland foods lead to constipation. There are no alarming features such as weight loss, nocturnal diarrhea, or bleeding per rectum. Based on clinical assessment, she is diagnosed with Vataja Grahani. The management included Nidana Parivarjana, Ksheera Basti, and Shamana Oushadhis. Following the intervention, the patient showed significant improvement in bowel frequency, stool consistency, abdominal pain, and appetite, along with reduction in the sensation of incomplete evacuation. This case demonstrates that Ayurvedic management, including Ksheera Basti and Shamana therapy, can provide effective and sustained relief in Vataja Grahani corresponding to IBS.*

**KEY WORDS** : *IBS,Grahani,Ksheerabasti.*

## INTRODUCTION

Irritable Bowel Syndrome is a common gastrointestinal disorder that significantly affects quality of life and is characterized by chronic abdominal pain, altered bowel habits, and bloating. Despite its high prevalence, its management in conventional medicine is largely symptomatic and often unsatisfactory. In Ayurveda, similar clinical features are described under Grahani Roga, which arises due to impairment of Agni, leading to improper digestion and assimilation of food. Among its types, Vataja Grahani is characterized by Vishama Agni, irregular bowel habits, abdominal pain, and incomplete evacuation. Dietary habits play a central role in its pathogenesis, where excessive intake of Katu, Amla, Lavana, Ushna, and Ruksha Ahara such as junk and fried foods leads to Agnimandya and Vata Prakopa. This case report highlights the successful management of Vataja Grahani using Ksheera Basti and Shamana Chikitsa, emphasizing the importance of a holistic Ayurvedic approach in functional bowel disorders.

### Case Report

A 19-year-old married female presented with complaints of an urge for defecation immediately after food intake, altered bowel habits, and a feeling of unsatisfactory evacuation for six months. These symptoms were associated with abdominal pain and bloating, both of which were relieved after defecation, along with a reduced and inconsistent appetite. The patient was apparently healthy six months prior to the onset of symptoms, after which she gradually developed postprandial urgency and increased stool frequency of 5–6 times per day, occurring 4–5 days a week. She reported that consumption of spicy and fried foods aggravated her symptoms, leading to loose stools, whereas intake of bland food resulted in constipation. The stools were small in quantity, frequent, and variably consistent, with no presence of blood or mucus. There was no history of nocturnal diarrohea.she also reports occasional burning sensation in Retrosternal and throat region.

The patient initially sought allopathic treatment and received medications for five days, which provided only temporary relief, with recurrence of symptoms immediately after cessation of therapy. Later, she consulted an Ayurvedic outpatient department and received Shamana Oushadhis without significant improvement, following which she was admitted for further management. Her dietary history revealed frequent consumption of junk foods such as panipuri and gobi manchurian, rich in Katu, Amla, Lavana, Ushna, and Tikshna qualities, which are known to aggravate Vata and impair Agni. There was no history of fever, nausea, vomiting, weight loss, fatigue, blood or mucus in stool, or systemic illness. Appetite was reduced and inconsistent, bowel habits were irregular, sleep was disturbed, and micturition was normal. Menstrual history was normal with regular cycles and no associated complaints.Based on the clinical features and Ayurvedic assessment, including Vishama Agni and Vata predominance with the involvement of Pitta, the condition is diagnosed as Vataja Grahani[1], correlating with mixed-type IBS.

### Vayakthika vrittanta

**Appetite :** Altered i.e Reduced and inconsistent appetite sometimes Anorexia.

**Bowel :** Increased frequency – 5 to 6 times/Day – Drava mala
Constipation on taking bland food

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 9| September 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

**Micturition :** Regular – 4-5 times/Day ,Once at night
**Sleep :** Disturbed
**Stress** : Not significant
**Dietary Habits : Mixed**
Frequency of non veg – once /week – Chicken/mutton/fish
Habit of consuming - Fried food ,Fatty,Junk food
Specifically – Either **Panipuri** – Everyday – Katu,Amla,Lavana,ushna,teekshna,Ruksha or
**Gobi manchurian** – Everyday - Katu,Amla,Lavana,Snigdha,guru,teekshna,Picchila

**Stool Characteristics :** As per the patient's observation
Colour – Brown
Frequency – 5-6 times /day
Time – Day – No nocturnal diarrhoea
Consistency – Sometimes loose and sometimes hard
Odour- Associated with bad odour
Blood or mucus - Absent
Volume – Small frequent stools
Form : Liquid and unformed majorly
Appearance – oily /frothy – Absent
Relation to food – Triggers on taking spicy,junk,fried foods.
No history of lactose and gluten intolerance

**On Examination**
**Upper GIT :** Normal,no abnormality detected.
**Per abdominal examination**
**Inspection :**
- Shape of the Abdomen – Flat
- Umbilicus – Everted
- Movements of abdominal wall – Equal on both the side
- Visible peristalsis : Absent
- Visible veins over the abdomen – Absent
- Scars and pigmentation – Absent

**Palpation :**
- Superficial Palpation – No tenderness
- Deep Palpation – Tenderness noted in epigastric and umbilical region
- Organomegaly - Absent
- Palpable mass - Absent

**Percussion :** Tympanic
**Auscultation :**
- Bowel sounds - 3 -5 /min
- Succusion splash - Absent
- Vascular bruits – Absent

**Nidana panchaka**
**Nidana** : Mithya Ahara Sevana,Ati Katu ruksha ,guru ahara sevana,
**Purvarupa** : Chira Paka of Anna
**Rupa** : Atisrushta vibaddha and drava mala,Arochaka,Adhmana,Parikartika
**Upashaya** : ------
**Anupashaya** : katu,ushna ,teekshna ahara

**Samprapthi Ghataka**
**Dosha** : Tridosha –Samana and Apana Vata,Pachaka pitta,kledaka kapha
**Dushya**: Grahani,Rasa,Anna
**Agni**: Jataragni
**Ama**: Jataragni janya Ama
**Srotas** : Rasavaha,Annavaha,Pureeshavaha
**Srotodushti prakara**: Sanga,Vimargagaman,Atipravritti
**Udbhava sthana**: Ama pakwashaya
**Adhisthana**: Grahani
**Rogamarga**: Abhyantara
**Swabhava**:Chirakari
**Sadhyasadhyata** : Sadhya

**Treatment Adopted :**
**1.Nidana Parivarjana**
**2.Basti Karma in Yogabasti pattern**
**Anuvasana Basti -** Indukantha ghritha **– 80ml**
**Ksheerabasti –** Honey - 60ml
Saindhava – 1 Pinch
Kalka – Shatapushpa Kalka -20 g
Kwatha – Yashtimadhu – 250 ml
Ksheerapaka – Yashtimadhu – 150 ml
Sneha - Indukantha ghritha – 60 ml
**3.Shamanoushadhis :**
1.Panchakola churna - 1/2 tsp - 1/2 tsp- 1/2 tsp B/F
2.Kalm Syrup – 10ml – 0- 10ml B/F
3.Liv 52 Syrup – 10ml- 0- 10ml B/F
4.Mustakarista – 20ml-0-20ml B/F

**Assessment :** IBS Severity score[2]
Schedule : Before treatment – on 06/07/24
Post treatment – on 14/07/24
Follow up on – 30/07/24

| Question | Before Treatment | After treatment | After Follow up |
|---|---|---|---|
| Do you currently suffer from abdominal pain [0 to 100%] | 50% | 25% | 10% |
| Enter the number of days that you typically experience abdominal pain every 10 days [_ days out of 10 days] | 4-5 days | - | 1-2 days |
| Do you currently suffer from abdominal distension/bloating [0-100%] | 25% | Nil | Nil |
| How satisfied you are with with your bowel habits[0-100%] | 25% | 75% | 100% |
| How much IBS interferes with your life in general[0-100%] | 25% | - | 0% |

**Frequency of Loose stools :** Before treatment – 5-6 times /day
After treatment – Once or twice a day

## DISCUSSION

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 9| September 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

The selection of Basti as the primary line of management was based on the predominance of Vata Dosha and its principal site being the Pakwashaya. Since Grahani is closely associated with Agnimandya and Vata Dushti, Basti serves as the most appropriate therapy for correcting the underlying pathology. In this case, Ksheera Basti was specifically chosen due to its combined nourishing and Vata-pacifying properties. Ksheera, having Madhura Rasa, Guru, Snigdha, and Sheeta Guna, exerts Vatanulomana and Mridu Shodhana actions, thereby regulating bowel movements and restoring intestinal function. It also acts as an effective medium for delivering drugs like Yastimadhu deeper into the tissues. Yastimadhu, with its Madhura Rasa, Guru and Snigdha Guna, and Sheeta Veerya, possesses Vata-Pitta Shamaka, Ropana, and Poshana properties, contributing significantly to mucosal healing and tissue nourishment[3].

Overall, Ksheera Basti provided Deepana, Mridu Shodhana, Rasayana effect, and facilitated mucosal healing, while simultaneously pacifying Vata and Pitta. Indukantha Ghrita was used for its Deepana-Pachana, Vata-Kaphahara, Grahi, Brimhana, and Shothahara properties, helping to improve digestion and stabilize bowel movements[4]. Along with Basti, Shamana Oushadhis were administered to enhance therapeutic outcomes. Panchakola Churna acted as a potent Deepana-Pachana agent, aiding in Ama Nashana, Srotoshodhana, and correcting Grahani dysfunction[5].

Additionally, supportive formulations were included to address associated pathology. LIV-52 syrup was administered to improve liver function and bile secretion, thereby enhancing Agni and preventing Ama accumulation, which plays a crucial role in Grahani. Its anti-inflammatory action also supports intestinal mucosal healing[6]. Kalm syrup, containing ingredients such as Narikela Lavana, Yastimadhu, Pippali, and Jeeraka, helped in buffering gastric acid, reducing abdominal pain and bloating, and protecting the gastric mucosa[7]. Mustakarishta, indicated in classical texts for Grahani ("*Grahaneem vividha hanti*"), contributed through its Deepana, Pachana,Anulomana actions thereby correcting Agni and improving bowel regularity[8]

## CONCLUSION

In the present case, the clinical features of Grahani Roga, correlating with Irritable Bowel Syndrome, were effectively managed through a targeted Ayurvedic approach addressing the root pathology of Agnimandya and Vata Dushti. The administration of Ksheera Basti, considering Vata as the predominant Dosha and Pakwashaya as the primary site, played a pivotal role by exerting Vatanulomana, Mridu Shodhana, and Brimhana effects, along with promoting mucosal healing. The inclusion of Yastimadhu enhanced the therapeutic outcome through its Ropana and Poshana properties. Concurrent use of Shamana Oushadhis such as Indukantha Ghrita, Panchakola Churna, Mustakarishta, and supportive formulations like LIV-52 and Kalm syrup contributed through Deepana, Pachana, Grahi, and Srotoshodhana actions, leading to restoration of Agni and normalization of bowel function. This approach not only provided symptomatic relief but also improved appetite, digestion, and overall quality of life without adverse effects. This case highlights the efficacy of Ksheera Basti combined with rational Shamana Chikitsa as a safe and effective management strategy in Vataja Grahani (IBS), Requiring further clinical studies for validation.

## REFERENCES

1. *Kashinath Shastri. Charak Samhita. Vol-1. Varanasi: Chaukhambha Bharti Academy; 2011. Chikitsa Sthana, 15/59-64; p. 472 [Crossref][PubMed][Google Scholar].*
2. *Francis CY, Morris J, Whorwell PJ. The irritable bowel severity scoring system: a simple method of monitoring irritable bowel syndrome and its progress. Aliment Pharmacol Ther. 1997;11(2):395-402. doi:10.1046/j.1365-2036.1997.142318000.x.*
3. *K C Chunekar Bhavaprakash Nighantu: Haritakyadi Varga Varnasi: Chaukhambha Bharti Academy; reprint 2015,p.62.*
4. *Aggarwal P, Galib R, Prajapati PK, Yadav PR. Indukanta ghritam – an Ayurvedic formulation for acid peptic disorder and longevity: a review. J Ayurveda. 2021;15(3):215-23. doi:10.4103/joa.joa_149_20.*
5. *Rajput S, Tripathi MK, Tiwari AK, Dwivedi N, Tripathi SP. Scientific evaluation of Panchkola curna – an Ayurvedic polyherbal drug formulation. Indian J Tradit Knowl. 2012;11(4):697-703.*
6. *Kantharia C, Kumar M, Jain MK, Sharma L, Jain L, Desai A. Hepatoprotective effects of Liv.52 in chronic liver disease: preclinical, clinical, and safety evidence: a review. Gastroenterol Insights. 2023;14(3):293-308. doi:10.3390/gastroent14030021*
7. *Ayurmedinfo. Kalm syrup: uses, ingredients, dose, side effects [Internet]. [place unknown]: Ayurmedinfo; 2019 Mar 19 [cited 2026 Sep 29]. Available from: https://ayurmedinfo.com/2019/03/19/kalm-syrup/*
8. *Government of India, Ministry of Health and Family Welfare, Department of AYUSH. The Ayurvedic Formulary of India, Part I. 2nd rev. ed. New Delhi: Government of India; 2003. Asava-Arishta; Mustakarishta.*