



Review Article

AN APPROACH TO IBS AS *GARAVISHAJANYA GRAHANI ROGA*

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ABSTRACT

Irritable Bowel Syndrome (IBS) and *Grahaniroga* are gastrointestinal disorders which show close resemblance with their underlying pathogenesis, clinical features and psychosomatic influences. The underlying cause in both conditions is weakened digestive fire (*Mandagni*) resulting in improper digestion, which in turn leads to the production of *Ama* (metabolic toxins) and impairs proper functioning of digestive system. Contemporary lifestyles like irregular eating habits, intake of processed food and emotional stress contribute greatly to these disorders. The concept of *Garavisha* in *Agadatantra*, described as a type of *Kritrima visha* formed from artificial, incompatible or contaminated substances closely parallels the present-day dietary toxins including preservatives, food additives and environmental contaminants like pesticides, heavy metals. Long term exposure to these agents results in *Agnidushti*, *Aamotpatti*, *Srothorodha* paralleling modern pathophysiological mechanisms like altered gut motility, dysbiosis, and low-grade inflammation seen in IBS. The management of *Garavisha*, *Grahaniroga* and IBS centres a common treatment principle. The perspective of *Garavishajanya Grahaniroga* as an Ayurvedic framework for understanding and managing IBS, with emphasis on detoxification, dietary discipline and mental well-being.

INTRODUCTION

Nowadays, there are irregularities in the nutrition and dietary timings of the people. Apart from this most are under constant mental stress. All these factors lead to abnormalities in the function of gastrointestinal system. IBS and *Grahani* (due to *Mandagni*) are prime diseases of gastrointestinal tract. According to Ayurveda, seat of *Agni* is *Grahani* which plays role in the digestion and metabolism of food. *Agni* and *Grahani* are interdependent, *Durbala agni* (functionally weak *Agni*) causing improper digestion of food, which leads to *Ama dosa* which has crucial importance in the pathogenesis of both *Grahaniroga* and IBS. IBS is correlated in Ayurveda with *Grahani* although *Grahani* is not totally like IBS but some signs and symptoms resemble each other. IBS is considered to be the result of interaction between psychological and physiological factors.

Garavisha is one of the important concepts in *Agadatantra* and is one of the forms of *Kritrima visha*. Food additives such as preservatives, colouring agents, sweeteners used in junk, carbonated drinks and also drinking water which contains pesticides, microorganisms, heavy metals will come under *Gara visha*. These have a role in the pathogenesis of IBS.

MATERIALS AND METHODS

The articles, e-journals, different classical texts based on IBS, *Grahani* and *Garavisha* are studied and analysed.

Review of Literature

Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) is a long term functional gastrointestinal disorder marked by recurring abdominal pain or discomfort along with changes in bowel habits including constipation, diarrhea or both and occurs without any identifiable structural and biochemical abnormalities in the intestines. IBS in world has been estimated to be 11.2% and in India is 4.2%-7.7% and most of the studies shows female predominance. The exact cause of IBS is unknown however the factors such as disordered gut brain axis, visceral hypersensitivity,

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gastrointestinal dysmotility, gut microbiota dysbiosis, food intolerances, low grade mucosal inflammation, altered intestinal permeability, psychosocial factors have a role in pathophysiology^[1]. As per Rome IV consensus IBS is defined as abdominal pain with two of the following three a) related to defecation b) associated with a change in frequency of stool 3) associated with a change in form (appearance) of stool

Pathophysiology^[2]

- i. Several external factors such as acute and chronic stress and life experiences alter central processing of information, emotional regulation and physical traits leading to increased anxiety and visceral sensitivity; antibiotics and infections disrupt gut microbiota and cause dysbiosis and dietary factors influence microbiota composition, fermentation and intestinal motility which affects gut function and brain gut axis.
- ii. Through visceral afferent pathways guts send back signal to brain which when hypersensitive causes exaggerated pain perception and also regulation of gut motility, secretion and sensation is disturbed.
- iii. Immune activation and mild mucosal inflammation of gastrointestinal system release cytokines modify nerve function and sensitivity which disturbs motility and pain perception.
- iv. Dysbiosis or changes in the gut microbial composition influence immune activation, bile acid metabolism and fermentation processes affect gas production and bowel habits (intestinal transit time).
- v. Genetic predispositions can influence visceral sensitivity, immune responses, serotonin signalling and microbial balance modifies an individual susceptibility to IBS.

Clinical features

- Abdominal pain - Usually intermittent, crampy and on lower abdominal area, typically associated with change in stool form and frequency and may worsened or improved by defecation. Sometimes pain may be mild or may interfere daily activities. Mostly present during the waking hours. Pain often exacerbated by emotional stress or by diet and improved by passage of flatus or stool. The symptoms may aggravate during the premenstrual and menstrual phases.
- Altered bowel habits- Most consistent clinical feature in IBS is altered bowel habits. The characteristic pattern features alternating constipation and diarrhea, generally with one symptom prevailing. Diarrhea in IBS patients typically involves passing small amounts of loose stools, with most patients producing less than 200ml per episode which may be aggravated by emotional stress or diet.

Subtypes of irritable bowel syndrome based on the predominant stool forms and stool habits:

- i) Irritable bowel syndrome with diarrhea (IBS-D)
- ii) Irritable bowel syndrome with constipation (IBS-C).
- iii) Irritable bowel syndrome with mixed diarrhea and constipation (IBS-M).
- iv) Irritable bowel syndrome that is not subtyped.

Patients with irritable bowel syndrome presenting with constipation typically have infrequent bowel movements- fewer than three per week – along with hardy, lumpy stools and straining during defecation. Constipation may begin intermittently but often progresses to a persistent form that responds poorly laxatives. The stools are usually firm and narrow, likely due to colonic retention and spasm causing excessive water absorption. A frequent sense of incomplete evacuation leads to multiple defecation attempts within a short period. Episodes of constipation may occasionally alternate with short bouts of diarrhoea.

Patients with irritable bowel syndrome presenting with diarrhoea typically often report frequent bowel movements- typically more than three times a day- consisting of loose and watery stools, sometimes accompanied by urgency or fecal incontinence. The stools are usually of small volume, generally less than 200ml. Emotional stress and food intake may worsen diarrhoea and the stools often contain a considerable amount of mucus.

Many patients with IBS note that their bowel movements start with a firm stool in the morning and gradually become looser later in the day. A sensation of bloating and visible abdominal distention is often described, even though these may not always apparent upon examination. Complaints of excessive gas, including increased belching and flatulence, are also frequent, as patients often associate with excessive intestinal gas.

Patients with IBS often show impaired handling and transit of intestinal gas. Retrograde gas flow from the distal to proximal bowel segments may account for symptoms such as belching. In some cases, bloating is accompanied by noticeable abdominal distention and increased grith. Around one-fourth to half of IBS patients experience upper GI complaints including dyspepsia, heartburn, nausea and vomiting.

Diagnosis

Clinical Diagnosis by Rome IV Diagnostic Criteria for Irritable Bowel Syndrome. Persistent or recurrent abdominal pain experienced at least one day per week in the previous three month, together with two or more of the following conditions;

- a) Related to defecation.
- b) Associated with change in frequency of stool

c) Associated with change in form of stool.

For diagnosis, symptoms have been evident over the past 3 months, with initial onset not less than 6 months ago.

Differential diagnosis

- Inflammatory bowel disease (Crohn disease, ulcerative colitis, microscopic colitis)
- Malabsorption (especially lactase deficiency, celiac disease, bacterial overgrowth)
- Colonic neoplasia
- Chronic secretory diarrhoea (carcinoid)
- Hyperthyroidism or hypothyroidism
- Parasites
- Gynaecological disorders (endometriosis, ovarian cancer)
- Psychiatric disorders such as depression, panic disorder and anxiety.

Grahani Roga

Grahani is a major gastrointestinal disease and is classified among *Ashta mahagadas* by *Vagbhata*. The fundamental cause of it is *Mandagni*. The term *Grahani*

Purvaroopas of Grahani

S.No	Purvaroopas	Caraka ^[8]	Susruta ^[9]	Vagbhata ^[10]
1	Trishna	+	+	+
2	Alasyam	+	+	-
3	Balakshaya	+	+	-
4	Annasyavidaha	+	+	-
5	Chirapaka	+	-	+
6	Kayasya Gourava	+	-	+
7	Saada	-	+	+
8	Klama	-	+	+
9	Aruchi	-	+	+
10	Kasa	-	+	-
11	Karnaswada	-	+	+
12	Antrakujanam	-	+	+
13	Praseka	-	-	+
14	Vaktravairasya	-	-	+
15	Bhrama	-	-	+
16	Chardi	-	-	+
17	Amlapaka	-	-	+
18	Vidaha	-	+	-

Roopas of Grahaniroga

Samanya Lakshanas

S.No	Symptoms	Caraka ^[11]	Susruta ^[12]	Vagbhata ^[13]
1	Atisrushta mala pravrtthi	+	-	-
2	Vibaddha mala pravrtthi	+	-	-

comes from the word *Graha* which means to hold, retain or grasp. It also denotes a distinct functional segment of the *Mahasrotas*. *Grahani* become impaired due to vitiation of *Pachaka agni* and *Samana vayu* due to various etiological factors of the disease. As stated by *Acharya Charaka*, when *Agni* becomes *weak*, it leads to improper digestion of food, causing it to move either *Urdhwa marga* or *Adhomarga*, downward movement results in *Grahani roga*^[5].

Nidana of Grahaniroga^[6,7]

Agnidusti is the main cause of *Grahaniroga*. The definite causative factors mentioned for producing *Agnidusti* are;

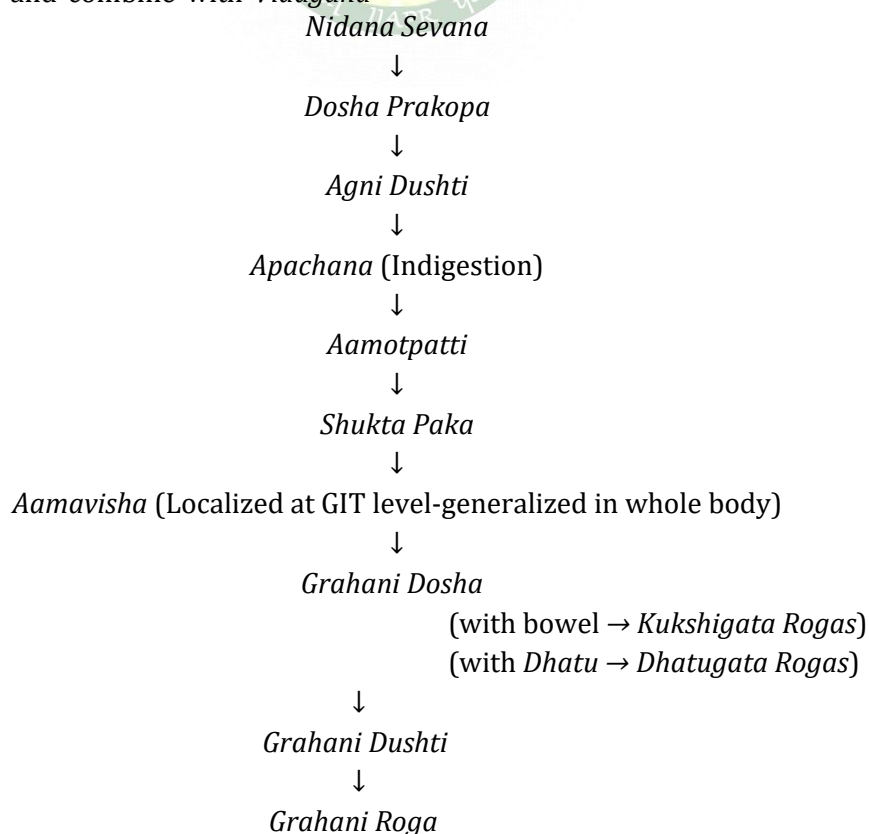
- *Aharaja*– *Abhojana*, *Atibhojana*, *Ajirna*, *Samashana*, *Vishamashana*, *Viruddhasana*, *Asatmya bhojana*, *Atiguru bhojana*, *Sheeta bhojana*, *Atiruksha bhojana*, *Sandushta bhojana*
- *Vyapad* of *Vamana*, *Virechana*, *Snehana*
- *Vega vidharana*
- *Viruddha* of *Desa*, *Kala* and *Rtu*
- *Karshana* by other diseases
- *Shoka*, *Krodha*, *Bhaya*, *Irshya*, *Lobha*

3	<i>Trishna</i>	+	+	-
4	<i>Arochaka</i>	+	+	-
5	<i>Vairasya</i>	+	+	-
6	<i>Praseka</i>	+	+	-
7	<i>Tamaka</i>	+	+	-
8	<i>Shunapadakara</i>	+	+	+
9	<i>Chardana</i>	+	+	-
10	<i>Jwara</i>	+	+	-
11	<i>Lohanugandi udgara</i>	+	+	-
12	<i>Daha</i>	-	+	-
13	<i>Loulya</i>	-	+	-
14	<i>Karshya</i>	-	+	+
15	<i>Dhumaka</i>	-	-	+
16	<i>Murccha</i>	-	-	+
17	<i>Siroruk</i>	-	-	+
18	<i>Vistambha</i>	-	-	+
19	<i>Muhurbaddha muhurdrava malapravrthi</i>	-	-	+

Samprapti of Grahaniroga

Due to the prolonged exposure to *Nidanas* (etiological factors), the *Jataragni* get vitiated. As a consequence of *Agnidusti*, the ingested food undergoes incomplete digestion, leading to *Apachana* and subsequent *ama* formation, which corresponds to the state of *Suktapaka*. At this stage, the *Samana vayu*, *Pachaka pitta* and *Kleda kapha* which reside in *Grahani*, become vitiated and combine with *Vidagdha*

ahara or *Ama*. This stage of *Suktapaka* gives rise to *Annavisha*, which acts as a systemic toxin, producing various pathological manifestations. If appropriate therapeutic measures are not instituted at this stage these toxic elements disseminate through the *Rasa Dhatu*, interacting with *Doshas*, *Dushyas*, or *Dhatus* and thereby culminating in the onset of *Grahani Roga*^[14].



Samprapti Ghatakas

Doshas: Samana Vayu, Pachaka pitta, Kledaka kapha

Dushyas: Rasa (Ahara rasa)

Srothas: Annavaha, Rasavaha, Pureeshavaha

Rogamarga: Madhyama, Bahya

Treatment of Grahani^[15]

Grahani dosa should be treated by *Sodhana* as first line of treatment followed by using *Deepana pachana* drugs which enhances *Agni* and facilitate the elimination of *Ama* followed by administering *Pathya ahara*. *Pathya aharas* include *Sali, Mudga yusha, Lajamanda, Kapitha, Dadima, Takra, Ghrta, Aja paya* and *viharas* include *Nidra, Visrama* etc.

Garavisha

Gara Visha is categorized by Ayurvedic scholars as either *Kritrima* (man-made) or *Samyogaja* (compound) poisons. *Acharya Charaka^[16]* defines *Gara* as a mixture of toxic (*Savisha*) or non-toxic (*Nirvisha*) substances that can lead to chronic and lingering diseases (*Chirakari rogas*). These poisons are also referred to as *Gada*, meaning disease-causing agents. *Acharya Sushruta^[17]* describes *Gara Visha* as a combination of various toxic substances (*Vividha visha samyoga*), which may not be immediately fatal but can still cause harm over time. In the *Keeta Kalpa* chapter, he mentions that powders made from insect bodies, when combined with certain preparations and applied externally, can produce symptoms similar to *Dooshi Visha* (latent or slow-acting poison). *Acharya Vagbhata^[18]* defines *Gara Visha* as an artificially

prepared poison (*Kritrima Visha*), made from a variety of medicinal substances.

Symptoms of Garavisha

The effects of *Gara Visha* include both physical and psychological effects.^[19]

Physical symptoms include

Progressive weight loss, anemia, and loss of appetite. Respiratory issues like cough and breathlessness. Fever and excessive sleepiness. Mental health issues such as depression. Ascites, hepatomegaly and splenomegaly. Weak or hoarse voice, bloating, general weakness, fatigue, swelling (edema), wasting of limbs and other degenerative disorders.

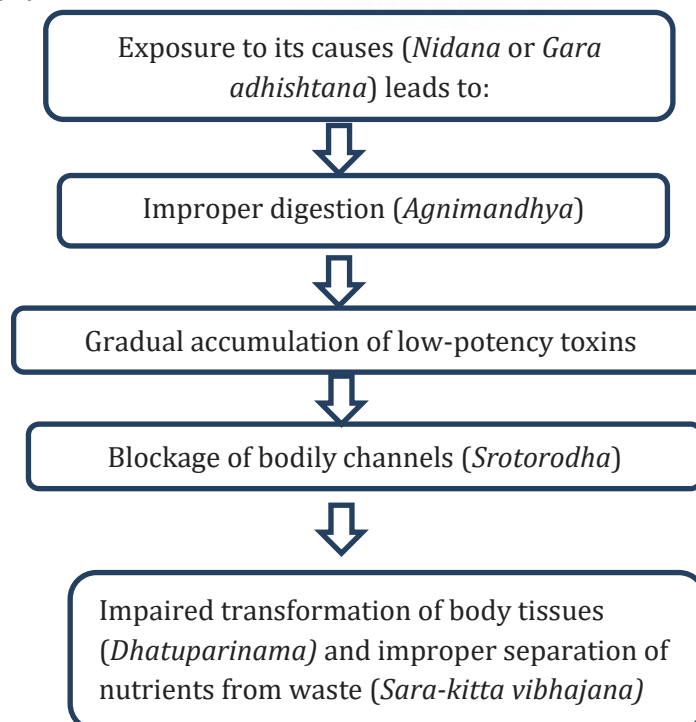
Psychological symptoms include

Strange dreams involving animals like foxes, cats, mongooses, monkeys, or dry natural scenes like dried ponds, wells, or vines. Visual distortions, such as seeing fair people as dark and vice versa. A sense of body distortion, like feeling as if one's nose or face is missing.

As mentioned in *Yogaratanakara^[20]*, the symptoms of *Gara Visha* generally appear within a period of 15 days to one month after consumption.

Garavisha Adhistanas^[21]

Gara Visha is generally introduced through contaminated food. It may be prepared using body parts and excreta of various animals, incompatible or contradictory drugs (*Viruddha Dravyas*), ashes and mildly toxic substances, contaminants like sweat or menstrual blood mixed in food.

Samprapti of Garavisha

Toxins that aren't eliminated begin to accumulate in bodily tissues, leading to sequential aggravation of the *Doshas: Kapha → Pitta → Vata*.

This accumulation and slow poisoning over time through repeated low-level exposures lead to toxic effects and disease. The impact of *Gara Visha* depends on the combination, dose, and mode of exposure. Its toxic effects may be: Immediate (*Asu*), Delayed (*Chirat*), Long-term (*Chiratarat*).

Management of *Garavisha*^[22]

The first step in managing *Garavisha* is to induce vomiting (*Vamana*) to remove the poison, followed by consuming appropriate food and drinks (*Pathya Ahara* and *Pana*). For purification *Hridaya Shuddhi*, gold-based preparations are recommended. *Murvadi churna* is told in the context.

DISCUSSION

The close interrelation between IBS and *Grahaniroga* emphasizes the pivotal role of *Agni* in gastrointestinal health and both have common pathophysiological nature. There are so many toxic substances has been taken by human being which act equally as *Gara visha* along with foods and drinks as additives or adulterants, preservatives, pesticides and contaminated water which causes triggering of gastrointestinal factors or hypersensitivity. Cause of *Grahani roga* and IBS comes under this scenario, can relate IBS as *Garavishajanya Grahaniroga*. The *Nidanas* causes *Agnidusti* and then leads to the formation of *Ama* which is the base of these three conditions IBS, *Grahani* and *Garavisha*. When *Garavisha* accumulates in digestive system it may leads to the *Grahani roga*. *Garavisha* causes the impairment of *Agni* which further leads to *Agnimandya*, *Aamotpaati*, *Srothorodha* which resemblances with pathophysiology of IBS such as altered gut motility, dysbiosis, low grade inflammation which causes chronic gastric disturbances. A key cause of *Garavisha* which includes *Viruddhahara* (incompatible food) which comes under the *Savisha samyoga* represents chemical incompatibility, processed food are the triggering factors of IBS which causing gut inflammation and dysbiosis. The symptoms resemble includes poor digestion, emaciation, wasting, gastrointestinal disturbances, oedema on hands and feet, fever etc. *Garavisha* have psychological factors such as visual hallucination and also it weakens *Ojas* and *Manas* and leads to psychological disturbances like stress, anxiety, restlessness and irritability. These psychological factors such as stress, depression, anxiety and emotional disturbances contribute IBS likewise *Grahaniroga* have *Manasika nidanas* like *Soka*, *Krodha*, *Bhaya* etc., recognizes a psychosomatic link in pathogenesis of both. As *Gara* have a hypersensitivity nature IBS also occurs due to hypersensitivity. Unlike other poisons, *Gara visha* on their gradual

accumulation leads to neurological issues over time. According to studies, *Gara visha* produces neurotoxins which can disrupt gut brain axis and contributes to IBS. Some neurotoxins can affect gut motility, sensation, and inflammation which all are implicated in IBS. *Garavisha* and *Grahaniroga* have a common mode of management as *Nidana parivarjana*, *Sodhana*, *Samana* (*Deepana Pachana*) and *Pathya ahara* (*Rasayana*). *Murvadi churna* told in the context of *Garavisha* helps in the treatment of *Mandagni*. Since IBS success rate in treatments are less, we can incorporate *Garavisha chikitsa* in IBS. More research will have to be done.

CONCLUSION

IBS and *Grahani roga* exhibit comparable disturbances in digestion and metabolism, primarily affected by dietary habits, psychological stress, and toxic exposures. The concept of *Garavisha* can be correlated with contemporary dietary and environmental contaminants that contribute to gastrointestinal dysfunctions. The management emphasizes enhancing *Agni*, promoting detoxification, and ensuring mental and dietary regulation, thereby offering a holistic strategy for the prevention and treatment of IBS. Identifying *Garavisha* as a causative factor enhances the understanding of IBS pathogenesis and highlights the significance of Ayurvedic preventive measures in today's dietary habits and environmental conditions.

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