

## Ayurveda treatment in Irritable Bowel Syndrome

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### Abstract

Irritable bowel syndrome (IBS) is one of the most difficult disorders to treat. It has a significant impact on quality of life, cost, and health. Ayurveda the board through entire framework approach in IBS is investigated. A randomized controlled parallel group study is the current trial. The study recruited 48 IBS patients between the ages of 20 and 60 who met the Rome IV criteria. Two groups of patients were randomly selected. The KC group intervened by giving three grams of Kalingadi churna twice daily, before meals, with buttermilk. With the whole system ayurveda protocol (WSAP), the WS group intervened. The intervention lasted for 60 days, with 15-day follow-ups. Various clinical measures, such as the IBS Symptom Severity Score and WSAP, were used to assess whether or not IBS (IBS constipation and IBS diarrhea) could be effectively managed. Abdominal pain, bowel consistency, frequency, and adequate relief all improved.

**Keywords:** Irritable bowel syndrome; Kalingadi churna; Ayurveda protocol

### Introduction

In the twenty-first century, irritable bowel syndrome (IBS) remains a clinical issue. One of the functional gastrointestinal diseases (FGIDs) with a high prevalence in the general population is IBS. Abdominal pain, a change in frequency and form of stool, and other symptoms are common. There is no structural pathology of the gastrointestinal tract that causes the symptoms. Rome IV categorizes IBS into four subtypes: IBS-C, IBS-D, IBS-M, and IBS-U (unclassified). Constipation is the predominant symptom in IBS-C. Diarrhea is the predominant symptom in IBS-D. IBS determination depends on clinical side effects and the rejection of substantial illnesses [1-3]. IBS symptoms range from mild to incapacitating in severity. It's possible to underestimate the severity and frequency of cases. IBS has a significant impact on health care costs and burdens; the annual cost of managing IBS in the United States is more than \$1 billion, and indirect costs exceed \$200 million. IBS patients have a 50% higher rate of back surgery, a threefold higher rate of cholecystectomy, a twofold higher rate of appendectomy and hysterectomy, and a 50% higher rate of cholecystectomy. IBS lowers health-related quality of life and may even raise suicidal ideation risk.

IBS commonness has high changeability between various nations. The combined prevalence of IBS using ROME III criteria from 53 studies was 9.2%, while the prevalence using ROME IV criteria from 6 studies was 3.8%. The prevalence was 0.2% in Indian studies using ROME IV criteria and 0.4% in ROME III studies. The IBS-M subtype met the most of the ROME III criteria, while the IBS-D subtype met the ROME IV criteria. Differences may be caused by ROME IV criteria that are more stringent than ROME III criteria [4]. However, there are few population statistics in many Asian and African nations. These could be because of powerlessness to separate between irresistible the runs and IBS in nations with chronic weakness care frameworks. IBS is a disease with many different causes. The Etiopathogenesis of IBS involves the interaction of genetic and epigenetic factors. It involves disturbances in a number of systems, including the nervous, immune, digestive, microbiota, and environmental systems. They engage in intricate non-linear, mutual interactions. It has internal and external mechanisms. Different natural anomalies like stomach epithelium, resistant framework, neuroendocrine systems, mind design and capability, full of feeling, mental, quality polymorphism, stomach microbiome have been accounted for. Intestinal and dietary pathogens also play a significant role. Psychosocial factors influence IBS patients' health and clinical

outcomes [5-7]. Various gamble factors for IBS have been distinguished including female orientation, mental issues, stress, food prejudice and bacterial excess of the small digestive system.

The symptoms of the Ayurvedic disease Grahani roga are similar to those of IBS. The disease known as grahani roga is brought on by imbalances in various systems (Srotas) and doshas (body fluids). Annavaha (gastrointestinal), purishavaha (excretory), manovaha (psychological), vatavaha (neurological), ahara (dietary), vihara (behavioral), agni (major metabolic factor), and kosta (gut health) are the systems that are involved. A systems approach is necessary due to the intricate, interdependent, and reciprocal nature of these components' roles. Changes in frequency, bowel disturbances like constipation or loose stools, pain or burning, foul odor, and other symptoms are all manifestations. Bloating, a lack of appetite, weakness, and other symptoms are also present.

### Materials and Method

The purpose of this study was to determine whether or not the Whole System Ayurveda Protocol and Kalingadi Churna (3 grams) could be given twice daily to the KC group and the WS group, respectively. The pilot study demonstrated patient acceptance and assisted in the fine-tuning of the interventions. The study recruited patients from the institute's outpatient department. When reporting the study's findings, the CONSORT statement guidelines [8] were used. The clinical evaluation of each and every patient recruited for the study was comprehensive, and their data were recorded. Various subjective and objective parameters were used to make recordings. At both the beginning of the intervention and the 60th day, the Clinical Laboratory at KAHER's BMK Ayurveda Mahavidyalaya Belagavi performed all of the laboratory tests, including a complete blood count and a stool

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**Received:** 1-Apr-2023, Manuscript No: jham-23-91605, **Editor assigned:** 3-Apr-2023, Pre QC No: jham-23-91605 (PQ), **Reviewed:** 17-Apr-2023, QC No: jham-23-91605, **Revised:** 24-Apr-2023, Manuscript No: jham-23-91605 (R), **Published:** 29-Apr-2023, DOI: 10.4172/2573-4555.1000377

**Citation:** Patankar B (2023) Ayurveda treatment in Irritable Bowel Syndrome. J Tradit Med Clin Natur, 12: 377.

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examination. Excluded from the study were celiac disease, ulcerative colitis, functional abdominal bloating, functional constipation, and functional diarrhea. Rheumatoid arthritis, tuberculosis, and other major systemic illnesses requiring long-term drug treatment were excluded. The study did not include IBS patients who had been on any kind of treatment for the past four weeks, alcohol or drug addicts, pregnant women, or women who were breastfeeding [9]. Two interventional groups were randomly assigned to each patient. Kalingadi Churna, 3 g twice a day, with buttermilk as a vehicle, was administered to KC Group. The ingredients for the Kalingadi churna were obtained from legitimate distributors, and the GMP-approved KLE Ayurveda Pharmacy, Belagavi, prepared the powder in accordance with standard procedures.

The treatment and diagnostic protocols were tweaked until the experts came to an agreement. There were no panchakarma practices incorporated into the treatment plan, which was limited to oral internal medications. This was done with the study's limited resources and costs in mind. Diagnostic and therapeutic protocols were included in the Whole System Ayurveda Protocol for IBS (Grahani). The components of the disease are identified as part of the Grahani diagnostic procedure. Parts of Grahani incorporate Sama and nirama stage, hard or free insides, indications of dosha symptomatology (Sahreerika and Manasika). These diagnostic components are arranged in various combinations to produce clinical manifestations. A senior ayurveda clinician administered the intervention in the WS group, which was comparable to an OPD level real-time clinical practice. The treatment algorithm was influenced in large part by the following: agni, the samanirama stage, the involvement of shareerika dosha, and Stools that are hard and loose, dosha mansika. 4. Management of symptoms. At each visit, these evaluations were performed, and medications were planned accordingly. At each visit, two to three medications were used. Drugs that increased agni and amapachaka (grahi) based on shareerika dosha involvement were used in the interventions.

## Discussion

In comparison to Kalingadi choorna, a study demonstrated that the WS Ayurveda protocol for IBS was more effective for treating IBS. Both groups were comparable in GSRS, HARS, HDRS, and IBS-QOL, and WSAP demonstrated efficacy in both primary assessment parameters (IBS-AR, IBS-SSS) and secondary parameters (IBS-VAS, CSBM, BSF-D, and BSF-C). Improvements in the blood and stool parameters were comparable across the two groups. Hemoglobin levels improved in both of the groups. In either group, there were no adverse events.

WSR adheres to the model validity principle of Ayurvedic science as well as complementary and integrative medicine. The WSR method tries to strike a balance between these sciences' theories and methods [40]. The physical, mental, emotional, psychosocial, and patient preferences are all taken into account in Ayurveda. A study that combined the WSR approach with yoga and Ayurveda for weight management found positive results [10]. Conceptual models, diagnostic methods, and management strategies in Ayurveda are either distinct from or complement biomedical science. In Ayurveda, each patient is treated

individually with a combination of multiple treatment modalities or components. In the current study, WSAP consisted of two parts: management and diagnostic protocols. Significant improvements were achieved through the Kalingadi churna and WSAP treatment methods. This could be because of how their ingredients work. Hareetaki churna, Shunthi churna, Abhayarishta, Lavanabhaskara churna, Trikatu churna, Avipattikara churna, Triphala churna, Draksharishta, Manibhardra guda, and other medicines were used to treat hard stools in the WSAP group. in accordance with other aspects of the disease. Hareetaki churna (*Terminalia chebula* Retz) has the Anulomana effect as well as significant intestinal motility-enhancing and local stimulant effects.

## Conclusion

This study demonstrates that WSAP significantly improves IBS. Abdominal pain, gastrointestinal symptoms, bowel frequency, bowel consistency, anxiety, depression, and quality of life all decreased significantly. When compared to Kalingadi churna, WSAP performed better in reducing the severity of symptoms, providing adequate relief overall, and reducing pain, bowel frequency, and consistency. In terms of improvements in quality of life, anxiety, depression, and gastrointestinal symptoms, the two interventions were comparable.

## Declaration of competing interest

The authors declared that there is no conflict of interest

## Acknowledgment

None

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