

Review Article

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A CRITICAL REVIEW OF GRAHANI ROGA W.S.R. TO IRRITABLE BOWEL SYNDROME (IBS)

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ABSTRACT

Background *Grahani Roga* is one of the important gastrointestinal disorders described in Ayurveda, primarily associated with impairment of *Agni* (digestive fire). It is considered a disorder of *Annavaha Srotas* where improper digestion leads to formation of *Ama* and disturbed bowel habits. In modern medicine, irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain, altered bowel habits, and absence of structural pathology. Both conditions show striking similarities in clinical presentation and chronicity. **Aim** To critically analyze *Grahani Roga* and correlate its conceptual and clinical aspects with irritable bowel syndrome (IBS). **Objectives** To study the classical concept of *Grahani Roga* in Ayurveda To understand the role of *Agni*, *Ama*, and *Dosha* in its pathogenesis To correlate the symptomatology of *Grahani Roga* with IBS To evaluate Ayurvedic principles in the management of IBS **Materials and Methods** This study is a conceptual and literary review based on classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with modern medical literature on Irritable Bowel Syndrome. Comparative analysis was done to establish similarities in etiology, pathogenesis, and clinical

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features. **Results** *Grahani Roga* is primarily caused by *Agnimandya* leading to improper digestion and formation of *Ama*, which in turn vitiates *Vata*, *Pitta*, and *Kapha*. The symptoms such as *Muhurbaddha Muhurdrava Mala*, *Adhmana*, *Udarashoola*, and irregular bowel habits closely resemble IBS features like diarrhea, constipation, bloating, and abdominal discomfort. The chronic relapsing nature of both conditions further strengthens this correlation. **Conclusion** *Grahani Roga* can be closely correlated with Irritable Bowel Syndrome based on similarities in etiology, pathogenesis, and clinical manifestations. Ayurveda offers a holistic approach focusing on correction of *Agni*, elimination of *Ama*, and restoration of gut function, which can be effectively applied in the management of IBS.

Keywords: *Grahani Roga*, *Agni*, *Ama*, *Agnimandya*, *Annavaha Srotas*, Irritable Bowel Syndrome (IBS)

INTRODUCTION

Grahani Roga is one of the most important gastrointestinal disorders described in Ayurveda, closely related to the functional integrity of *Agni*¹. The term *Grahani* refers to the organ responsible for holding and digesting food, which can be correlated with the small intestine and its digestive functions. According to classical texts, *Grahani*² is the seat of *Agni*, and its proper functioning depends entirely on the strength of *Jatharagni*.³ When *Agni* becomes impaired, it leads to improper digestion, formation of *Ama*, and disturbance in bowel habits, ultimately resulting in *Grahani Roga*.⁴ This condition is considered chronic and relapsing in nature, significantly affecting the quality of life of an individual.

The pathogenesis of *Grahani Roga* mainly revolves around *Agnimandya*,⁵ which is caused by improper dietary habits (*Ahara*⁶) and lifestyle factors (*Vihara*⁷). Intake of *Viruddha Ahara*⁸, irregular eating patterns, excessive consumption of heavy, unctuous, or incompatible food, and psychological factors such as stress and anxiety contribute to the vitiation of *Doshas*, especially *Vata*. The vitiated *Doshas*⁹ further weaken *Agni*¹⁰, leading to the formation of *Ama*, which obstructs the channels (*Srotorodha*) and disrupts normal digestion and absorption. Clinically, it manifests as alternating bowel habits, abdominal discomfort, bloating, and incomplete evacuation, which are classical features described under *Grahani Roga*.

In modern medicine, irritable bowel syndrome¹¹ (IBS) is recognized as a functional gastrointestinal disorder characterized by chronic abdominal pain, altered bowel habits such

as diarrhea, constipation, or both, and absence of any identifiable structural abnormality. The etiology of IBS is multifactorial, involving gut-brain axis dysregulation, altered gastrointestinal motility, visceral hypersensitivity, and psychological disturbances. Despite extensive research, the exact cause of IBS remains unclear, and management is mainly symptomatic, focusing on dietary modification, pharmacotherapy, and psychological support.

On critical analysis, there is a strong resemblance between *Grahani Roga* and Irritable Bowel Syndrome in terms of etiology, pathogenesis, clinical features, and chronicity. Both conditions involve disturbed digestion, irregular bowel movements, and significant influence of psychological factors. Ayurveda provides a comprehensive understanding of this disorder through the concepts of *Agni*, *Ama*, and *Dosha*, and emphasizes a holistic approach including dietary regulation, lifestyle modification, and therapeutic interventions. Therefore, studying *Grahani Roga* with reference to IBS offers a valuable integrative perspective for better understanding and management of functional gastrointestinal disorders.¹²

MATERIAL AND METHODS

This study is a conceptual and literary review carried out to critically analyze *Grahani Roga* and its correlation with Irritable Bowel Syndrome (IBS). The material for the study was collected from classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with their available commentaries to understand the detailed description of *Grahani Roga*, its *Nidana*, *Samprapti*, *Lakshana*, and *Chikitsa*. In addition, modern medical literature such as standard textbooks of gastroenterology, research articles, and review papers related to IBS were also reviewed to understand its etiology, pathophysiology, clinical features, and management. A comparative analytical method was adopted to establish similarities and differences between *Grahani Roga* and IBS based on causative factors, disease mechanisms, symptomatology, and therapeutic approaches. The collected data were systematically analyzed and interpreted to provide an integrated understanding from both Ayurvedic and modern perspectives.

CONCEPTUAL STUDY

GRAHANI ROGA

The term *Grahani* is derived from the root *Graha*¹³, meaning to hold or retain. In Ayurveda, *Grahani* is considered the organ responsible for retaining ingested food until proper

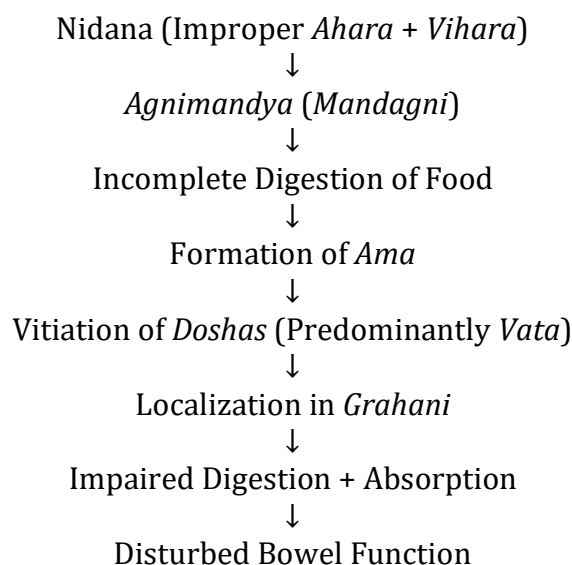
digestion takes place. It is the seat of *Jatharagni*, and its normal functioning depends entirely on the strength of *Agni*. When *Agni* is balanced, digestion and absorption occur properly, but when *Agni* becomes impaired (*Agnimandya*¹⁴), the function of *Grahani* is disturbed, leading to the manifestation of *Grahani Roga*. Thus, it is both a functional and pathological entity closely linked with digestive fire.

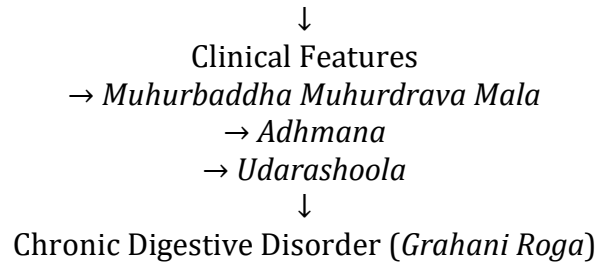
Nidana¹⁵ (Etiological Factors)

The causative factors of *Grahani Roga* mainly involve improper dietary habits and unhealthy lifestyle practices that disturb *Agni*. Consumption of *Viruddha Ahara*, irregular meal timings (*Vishamashana*), excessive intake of heavy, oily, or cold foods, overeating or undereating, and suppression of natural urges contribute significantly to the disease. Psychological factors such as stress, fear, and anxiety further aggravate the condition. Additionally, improper treatment or neglect of diseases like *Atisara* can weaken *Agni*, ultimately leading to the development of *Grahani Roga*.

Samprapti¹⁶ (Pathogenesis)

The pathogenesis of *Grahani Roga* primarily begins with *Agnimandya*, resulting in incomplete digestion of food and formation of *Ama*. This *Ama* acts as a toxic metabolic byproduct and leads to vitiation of *Doshas*, especially *Vata*. The vitiated *Doshas* localize in the region of *Grahani*, impairing its ability to retain and digest food properly. This results in irregular bowel movements, malabsorption, and chronic digestive disturbances. The classical feature *Muhurbaddha Muhurdrava Mala* reflects this disturbed digestive process.





Dosha¹⁷ Involvement

Grahani Roga is a *Tridoshaja Vyadhi*, though *Vata* predominance is commonly observed. *Vata* causes irregular bowel movements, abdominal pain, and distension. *Pitta* contributes to symptoms like burning sensation, loose stools, and sour belching, while *Kapha* leads to heaviness, mucus in stools, and sluggish digestion. The combined involvement of all three *Doshas* results in varied clinical presentations of the disease.

Lakshana¹⁸ (Clinical Features)

The clinical features of *Grahani Roga* mainly reflect disturbances in digestion and bowel habits. Patients commonly present with *Muhurbaddha Muhurdrava Mala*, indicating alternating constipation and diarrhea. Other symptoms include *Adhmana* (abdominal distension), *Udarashoola* (abdominal pain), *Aruchi* (loss of appetite), *Ajeerna* (indigestion), and presence of *Ama* in stool. General weakness, fatigue, and chronicity of symptoms are also characteristic features.

Bheda¹⁹ (Types of *Grahani Roga*)

Based on the predominance of *Dosha*, *Grahani Roga* is classified into *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja* types. Each type presents with specific features according to the dominant *Dosha*. This classification helps in understanding the variation in clinical presentation and guides the selection of appropriate treatment.

Samprapti Ghataka²⁰

Sr. No.	Component	Description
1	<i>Dosha</i>	<i>Vata, Pitta, Kapha</i> (Tridosha involvement with predominance of <i>Vata</i>)
2	<i>Dushya</i>	<i>Rasa, Purisha</i>

3	<i>Agni</i>	<i>Mandagni (Agnimandya)</i>
4	<i>Srotas</i>	<i>Annavaha Srotas, Purishavaha Srotas</i>
5	<i>Srotodushti</i>	<i>Sanga (obstruction), Atipravritti (excessive flow)</i>
6	<i>Adhithana</i>	<i>Grahani</i>
7	<i>Roga Marga</i>	<i>Abhyantara Roga Marga</i>

Prognosis (*Sadhyasadhyata*²¹)

Grahani Roga is generally considered *Krichra Sadhya* due to its chronic and recurrent nature. The involvement of *Agni* makes it difficult to treat if not managed properly. However, with early diagnosis, appropriate dietary regulation, and correction of *Agni*, the condition can be effectively controlled and managed.

Chikitsa Siddhanta²² (Principles of Management)

The management of *Grahani Roga* is mainly focused on restoring *Agni* and eliminating *Ama*. Therapeutic principles include *Deepana* and *Pachana* to improve digestion, use of *Grahi* drugs to enhance absorption, and *Langhana* to reduce metabolic load. Dietary regulation and lifestyle modifications (*Pathya–Apathya*) play a crucial role. The approach is holistic, aiming at correcting the root cause rather than providing only symptomatic relief.

IRRITABLE BOWEL SYNDROME (IBS)

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder characterized by chronic abdominal pain or discomfort associated with altered bowel habits such as diarrhea, constipation, or a combination of both, without any identifiable structural or biochemical abnormality. It is considered a disorder of gut–brain interaction.

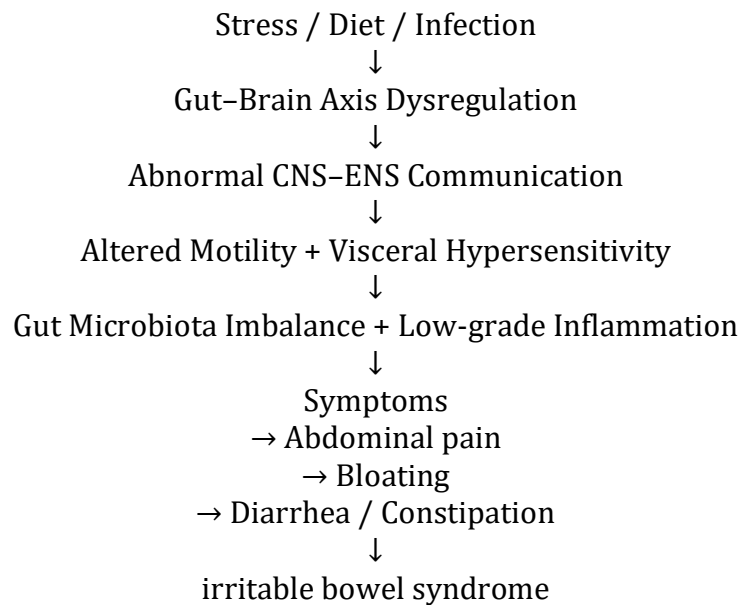
Etiology²³

The exact cause of IBS is not clearly understood, but it is multifactorial in origin. Important factors include altered gastrointestinal motility, visceral hypersensitivity, gut microbiota imbalance, psychological stress, and disturbances in the gut–brain axis. Dietary triggers such as fatty foods, caffeine, and certain fermentable carbohydrates also play a role in precipitating symptoms.

Pathophysiology²⁴

The pathophysiology of IBS involves dysregulation of the gut–brain axis, leading to abnormal communication between the central nervous system and the enteric nervous system. This results in altered intestinal motility and increased sensitivity of the intestinal mucosa. Patients often exhibit visceral hypersensitivity, meaning even normal intestinal activity can produce pain. Changes in gut flora and low-grade inflammation may also contribute to symptom development.

MODE OF ACTION



Clinical²⁵ Features

IBS typically presents with recurrent abdominal pain or discomfort that is often relieved by defecation. Patients may experience diarrhea, constipation, or alternating bowel habits. Other common symptoms include bloating, abdominal distension, mucus in stool, and a feeling of incomplete evacuation. Symptoms are usually chronic and may fluctuate in severity.

Types²⁶ of IBS

IBS is classified based on predominant bowel pattern into IBS with diarrhea (IBS-D), IBS with constipation (IBS-C), mixed type (IBS-M), and unclassified type. This classification helps in guiding appropriate management strategies.

Diagnosis²⁷

IBS is diagnosed clinically based on symptom criteria, most commonly using the Rome IV

criteria. There are no specific diagnostic tests for IBS, and investigations are mainly done to exclude other organic diseases. Routine blood tests, stool examination, and sometimes colonoscopy may be advised to rule out other conditions.

Management²⁸

Management of IBS is mainly symptomatic and involves a combination of dietary modification, lifestyle changes, and pharmacological therapy. Dietary approaches include a low FODMAP diet and avoidance of trigger foods. Medications such as antispasmodics, laxatives, antidiarrheals, and probiotics are commonly used. Psychological therapies like stress management and cognitive behavioral therapy also play an important role.

Prognosis²⁹

IBS is a chronic condition with a relapsing and remitting course. Although it does not lead to serious complications or mortality, it significantly affects the quality of life of patients. Proper management and lifestyle modifications can help in controlling symptoms effectively.

RESULT AND FINDINGS

- The conceptual analysis shows that *Grahani Roga* is primarily a disorder of *Agnimandya*, which leads to improper digestion and formation of *Ama*, forming the basic pathology of the disease.
- Clinical features of *Grahani Roga* such as *Muhurbaddha Muhurdrava Mala*, *Adhmana*, *Udarashoola*, and *Aruchi* closely resemble the symptoms of irritable bowel syndrome (IBS), including alternating bowel habits, abdominal pain, bloating, and discomfort.
- Both conditions exhibit a chronic, relapsing pattern with significant impact on daily life, indicating a strong clinical correlation.
- The involvement of *Vata Dosha* in *Grahani Roga* explains the irregular bowel movements, which is comparable to altered gut motility observed in IBS.
- The concept of *Ama* formation in Ayurveda correlates with modern findings of gut microbiota imbalance, incomplete digestion, and metabolic disturbances in IBS patients.
- Psychological factors such as stress, anxiety, and emotional disturbances play a significant role in both *Grahani Roga* and IBS, highlighting the importance of the gut-brain axis.

- The site of pathology, *Grahani (Annavaha Srotas)*, functionally correlates with the small intestine and large intestine involvement seen in IBS.
- Ayurvedic management focusing on *Deepana, Pachana, and Grahi* therapy aims at correcting *Agni* and eliminating *Ama*, which addresses the root cause rather than only symptomatic relief.
- Modern management of IBS mainly provides symptomatic relief, whereas Ayurvedic principles offer a more holistic and causative approach.
- Overall, a strong conceptual and clinical similarity exists between *Grahani Roga* and Irritable Bowel Syndrome, supporting their correlation and integrative understanding.

DISCUSSION

The present critical review highlights that *Grahani Roga* is fundamentally a disorder of *Agni*, particularly *Jatharagni*, which governs digestion and absorption. When *Agni* becomes impaired (*Agnimandya*), it leads to the formation of *Ama*, which acts as a key pathological factor. This disturbed digestive process results in vitiation of *Doshas*, especially *Vata*, causing irregular bowel habits and chronic gastrointestinal symptoms. In a similar way, irritable bowel syndrome is understood as a functional disorder involving altered gut motility, visceral hypersensitivity, and dysregulation of the gut–brain axis. Although the terminologies differ, both systems emphasize functional disturbance rather than structural pathology, showing a clear conceptual overlap.²⁹

Another important observation is the strong similarity in clinical presentation between *Grahani Roga* and IBS. Symptoms like *Muhurbaddha Muhurdrava Mala, Adhmana, Udarashoola, and Aruchi* closely parallel IBS features such as alternating constipation and diarrhea, bloating, abdominal pain, and discomfort. Both conditions are chronic, relapsing, and significantly influenced by psychological factors like stress and anxiety. Ayurveda explains this through the interplay of *Manasika Bhava* affecting *Agni* and *Doshas*, while modern science describes it through disturbances in the gut–brain axis. This parallel understanding strengthens the correlation and supports the idea that both conditions represent similar disease processes explained through different frameworks.³⁰

From a therapeutic perspective, Ayurveda offers a more root-cause-oriented approach by focusing on correction of *Agni*, elimination of *Ama*, and restoration of normal digestive

function through *Deepana*, *Pachana*, and *Grahi* therapies along with *Pathya–Apathya*. In contrast, the management of irritable bowel syndrome mainly focuses on symptomatic relief using dietary modifications, pharmacological agents, and psychological therapies. This highlights the potential advantage of integrating Ayurvedic principles in the management of IBS, as it not only addresses symptoms but also targets the underlying functional disturbance. Therefore, understanding *Grahani Roga* provides a broader and more holistic perspective in managing functional gastrointestinal disorders like IBS.³¹

CONCLUSION

The present review concludes that *Grahani Roga* and Irritable Bowel Syndrome share a strong conceptual and clinical correlation, as both are functional gastrointestinal disorders characterized by disturbed digestion, altered bowel habits, and chronic relapsing nature. The central role of *Agnimandya* and *Ama* in Ayurveda closely parallels the modern concepts of altered gut motility, visceral hypersensitivity, and gut–brain axis dysregulation. While modern management primarily focuses on symptomatic relief, Ayurveda provides a holistic approach by correcting *Agni*, eliminating *Ama*, and restoring normal physiological function. Therefore, integrating Ayurvedic principles with modern understanding can offer a more comprehensive and effective strategy in the management of IBS.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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