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AYURVEDIC INSIGHTS INTO *GRAHANI ROGA* VS IBS

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ABSTRACT
In today's era, due to fast lifestyle, dietary pattern of people is totally changed. They are unable to maintain proper dietary timing as well as proper nutrition,. Besides that, people are under constant mental stress due to number of reasons. All of the above factors lead to abnormalities in the function of gastrointestinal system. In Ayurveda Mandagni is considered as the root cause for manifestation of lots of diseases. Among them, Grahani Roga is one of the prime disease of gastro-intestinal tract. Grahani(organ-duodenum) and Agni are interdependent. Mandagni leads to Ama Dosha which may result in Grahani Roga over time. Grahani springs from Dhatu ''graha'' which suggests ''to catch'' ''to hold'' or ''to get'. Ayurvedic texts describe the ingestion, digestion, absorption and assimilation of Aahaar by Grahani. Any disturbance in Agni leads to an improper digestion of food. Grahani roga is correlated with IBS (Irritable Intestinal Syndrome) which is characterissed by a group of symptoms that can significantly undermine the quality of life of the patient. It is a functional gastrointestinal disorder characterized by a group of symptoms which include abdominal pain and changes in the consistency of bowel movement. Etiological factor include genetics, environment and changes in motility, visceral sensitivity, epithelial permeability, gastrointestinal flora. Prevalence of IBS in world has been estimated to be 11.2% and in India is 4.2%-7.7%. It is 3 times more common in women and people of working age.

KEY WORDS: *Agni, Grahani Roga, IBS, Mandagni*

INTRODUCTION

The most crucial element for life's sustenance is *Ahara,* or food. According to the *Trayopsthambha*[1], it is the most important of the three pillars of existence (*Ahara, Nidra*, *Brahmacharya*). According to Ayurveda, *PathyaAhara* (wholesome diet) is beneficial for maintaining longevity, vigor, intelligence, a clear complexion, and good health. The constant ingredient in the *Aharapaka* (digestion, transformation) process is *Agni*.

An Ayurvedic name for the seat of *Agni* (digestive fire), which aids in food digestion and metabolism, is *Grahani*[2]. *Mandagni* is regarded in Ayurveda as the underlying cause of the onset of numerous illnesses. One of the most common gastrointestinal disorders among them is *Grahani roga,* which is frequently observed in daily life. *Ama Dosha* is the outcome of *Mandagni* and can eventually lead to *Grahani Roga.* According to Acharya Charaka, *Grahani roga* is a condition caused by *Durbala* (weak) *Agni,* when partially digested and partially undigested biosubstances flow downhill in the gastrointestinal tract[3].The interdependence of *Grahani* and *Agni* results in *Ama Dosha. Durbala Agni*, a functionally weak kind of *Agni,* causes poor digestion of food. The majority of ailments are caused by this *Ama Dosha*. In the pathophysiology of *Grahani Roga,* it plays a crucial role. Acharya Vagbhatta classifies *Grahani* among the eight major disorders (*Ashtamahagada*)[4].

In modern science, no disease or condition is exactly similar to *Grahani roga,* but symptoms are found very common in various disease conditions, on which the concept of *Grahani roga* is based. IBS is a condition that commonly show the symptoms of *Grahani:*

The term "irritable bowel syndrome" (IBS) refers to a functional disorder of the gastrointestinal tract without any accompanying structural defects, where normal bowel activity is either exaggerated or distorted to the point where it causes constipation, diarrhea, and oftentimes abdominal pain or discomfort. Another way to characterize it is as a dysregulation of the brain-gut axis that interacts with visceral hypersensitivity and is linked to reported digestive motor abnormalities, gut microinflammation, and potentially an imbalance of the intestinal bioflora.

It is well known that Western nations have a higher prevalence than Asian nations. Between 10% and 25% of people in the community have IBS. According to a meta-analysis, the pooled estimate of the prevalence of IBS worldwide is 11.2% (95% CI: 9.8–12.8), with regional variations; South America has the highest prevalence (21.0%) and South Asia has the lowest (7.0%). It is estimated that approximately 20% of the general

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population in the US suffers from IBS. In the USA, the female-to-male ratio is 3:2, whereas in Western nations, the ratio is 2:1. It was noted that, in comparison to Western nations, India has a female to male ratio that is inverse, or 1:3. Although it can also affect youngsters and the elderly, the disorder is most commonly encountered in people between the ages of 15 and 50. In India's general population, 15% of people have IBS. Just 30% to 50% of the patients at gastroenterology outpatient clinics visit the general practitioner, although the majority of patients do so[5].

AIMS AND OBJECTIVE

1)To understand the concept of *Grahani Roga* according to Ayurveda and Modern view.
2)To understand Etiopathogenesis of *Grahani Roga* and IBS.

MATERIAL AND METHODS

Literature review of *Grahani* is collected from Ayurvedic samhita,Journals, Articles on the google , similarly modern view of *Grahani* (IBS) from modern pathology,medicine,books.

AYURVEDIC REVIEW

The term *Grahani* refers for both to the name of disease and organ that is involved in pathogenesis. For better understanding of *Grahani Roga* it is relevant to go through the concept of *Agni* and *Ama*. Here is a short description of *Agni* and *Ama.*

CONCEPT OF AGNI

he Ayurvedic term *"Agni*" is important for maintaining the body's balance, functionality, and metabolism.
Ayurveda describes *Agni* as having numerous derivatives that demonstrate its significance. *Varna* (complexion) implies that *Agni* maintains the body's color and complexion, Balam (strength) says that *Agni* maintains the body's strength, and Ayu (longevity) means that it lengthens a person's life if it is functioning correctly. The body's immunity is maintained by Ojas (tissue essence), the digestive fires are maintained by *Agnayah* (bio fires), the human body's physical well-being is maintained by Swasthyam (health), and the stable life of the individual is maintained by *Prana*. The *Sharira* is regarded as dead when the *Agni* in the body is extinguished. An individual can live a long life free from disease or illness as long as their body's *Agni* is in a healthy state. *Agni* is therefore the underlying cause of everything[6]. The functions of *Agni* are attributed to *Pitta Dosha*, since the term *Pitta* derived from "*Tapa Santape* is similar to *Agni*[7].. According to Charaka, there are 13 types of Agnis.These are -*Antaragni-1, Bhutagni-5, and Dhatvagni-7.*[8]
All the Acharyas and Commentators in extant Samhitas described *Grahani* as *Agni Adhisthana.* The relation that exists between *Grahani* and *Agni* is reciprocal i.e. *Agni* supports the function of *Grahani* and *Grahani* supports the function of *Agni.*

CONCEPT OF AMA

Āma is the improperly digested product formed due to weakened digestion (*Mandāgni*), arising from intake of incompatible, excessive, or indigestible food[9].*Mandāgni* (low digestive fire) leads to improper digestion of food that produce *Ama* . Ama enters in to Srotas and block the channels which create vitiation of doshes and ultimately manifest disease[10].

ETYMOLOGY OF GRAHANI ROGA

Vitiated *Agni* is the main factor for the causation of the disease. The main causes of *Grahani Roga* are-
1. Vitiation of *Agni* directly by indulging in various etiological factor
2. When *Mandagni* already persist such as after diarrhea and person still indulge in '*Ahit- Sevan'.*
The etiological factors which are stated to be responsible for *Agni Dushti* can be divided into two groups i.e.
Samanya(general) and *Vishishta*(specific) Hetus.

***Samanya Hetus*[11]-**

1- *Aaharaj Nidan-*

Abhojana	*Vishamashana*	*Ajirna*	*Sheeta Bhojana*	*Atiguru Bhojana*
Ati Bhojana	*Asatmya Bhojana*	*Atiguru Bhojana*	*Atirukshya Bhojana*	*Sandusta Bhojana*

2- *Vyapada* of Panchkarma
- *Virechana*
- *Vamana*
- *Snehana*

3- Emaciation or wasting brought about by other diseases
4- *Viruddha* or Incompatibility of-
 Desha Kala Ritu
5- Suppression of natural urges (*Vega Dharana)*
Acharya Sushruta also described causes of *Ajeernaas*.[12]- *Atyambupana, Vishamashana ,Swapna Viparyaya* , (*Divaswapa and Ratri Jagarana), Manasika Hetus viz. Irsha, Bhaya, Krodha, Lubdhata, Shoka, Dainya, etc*

Vishesh Hetu

In the *Atisara Pratisedh* chapter, Sushruta gives a description of *Grahani Roga.* According to him, if someone with *Mandagni* or someone who has recently recovered from *Atisar* may have *Grahani Roga* if he consumes careless meals. When discussing the therapy of *Atisara*, Acharya Charaka mentioned that *Grahani Roga* could result from administering *Sangrahi* medication during *Amavastha*. Since *Arsha* and *Atisara* are Anyonya Nidana Bhuta Vikara, they might directly produce

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Grahani Roga. In *Pittaja Jwara,* where *Atisara* is the most common feature , it may produce *Grahani Roga.*

PURVA RUPA[13]

Trishna, Alasya, Balakshaya, Annavidaha, Annasyachirpaka, Kayasya Gauravam, Klama are the purvarupa of *Grahani disease*.In the above premonitory symptoms, Trishna is specific Purva Rupa of Vataj and *Pittaj Grahani Roga*. In the former it is due to excessive roughness and in the latter due to excessive loss of fluids. Heaviness in the body and lethargy are the specific *Purva Rupa* of *Kaphaj Grahani Roga.*

CLASSIFICATION OF GRAHANI ROGA

Classification of *Grahani Roga* has been done, on the basis of etiology, speciality of Dosha and other specific variety of *Grahani Roga*, into 3 groups.

(a) On the basis of etiology, *Grahani* can divided into two types

i. Independent i.e. Swatantra *Grahani* it develops without *Atisara.*

ii. Dependent i.e. *Partantra Grahani Roga* – it develops after *Atisara.*

(b) On the basis of particular *Dosha* involvement Charaka, Sushurta and Vagbhatta have described four varities of *Grahani Roga.* As

1. Vataja
2. Pittaj
3. Kaphaj
4. Sannipataj

(c) Other special varieties of *Grahani Roga* In Madhava Nidana[14], *Sangraha Grahani* and *Ghatiyantra Grahani* have also been described separately. In Siddhant Nidan five other varieties have been described in addition to the four types described by Charaka etc. they are-

1. Sangraha Grahani
2. Raja Grahani
3. Kshayaj Grahani
4. Nirmoka Grahani

RUPA[15]-

According to various Acharyas, the signs & symptoms of *Grahani Roga* can be tabulated as below,

Symptoms	Charaka 15	Sushruta16	Vagbhata17
Muhurdrava Muhurbaddha Pravritti	-	-	+
Ati Srusta Mala Pravritti	+	-	-
Vibaddha Mala Pravritti	+	-	-
Trishna	+	+	-
Arochaka	+	+	-
Vairashya	+	+	-
Praseka	+	+	-
Tamaka	+	+	-
Shuna Padakara	+	+	-
Chardana	+	+	-
Jwara	+	+	-
Lohanugandhi Udgara	+	+	-
Daha	-	+	-
Karshya	-	+	+
Loulya	-	+	-
Dhumaka	-	-	+
Murchha	-	-	+
Shiroruk	-	-	+
Vistambha	-	-	+

Earlier, Ayurvedic scriptures discussed the signs and symptoms of various unique forms of *Grahani Roga.*

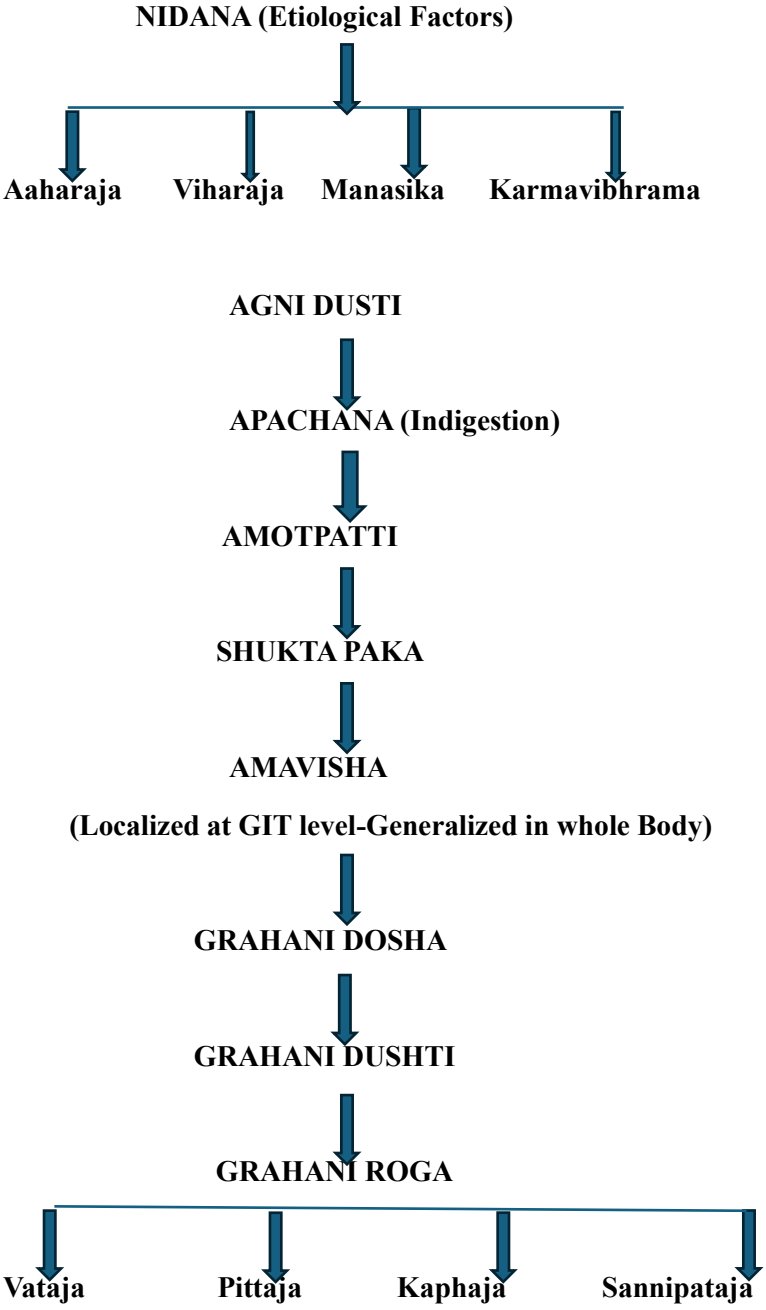
SAMPRAPTI

When a person consumes *Agnidusthikara Nidanas*, it results in disturbance in equilibrium of *Manas* and *Shareerika Dosha.* This *Dosha Vaishyama* passes through different stages and ultimately produces disease. When a person with *Agnimandhya* indulges in consumption of injudicious *Ahara* and *Vihara* the *Grahani Roga* engenders. Because of the Agni Dushti, ingested food is not properly digested and results in *Apachana* (indigestion) and *Ama* formation. Thus, the food attains *Shuktata.* At this stage, Dosha i.e. *Kledaka Kapha, Pachaka Pitta,* and *Samana Vayu* sheltered in the organ *Grahani* gets vitiated[16] The *Shuktapaka* stage leads to *Annavisha* formation. Here indigested food undergoes fermentative changes. Now in this condition food attains such a form that it becomes able to produce so many ailments like poison does. *Anna Visha* gets located in *Grahani* and further vitiates it, resulting in functional

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(*Karyatmaka*) Vikriti of *Grahani.* The *Annavisha* may also spread in the whole body through *Rasa,* and mixes with *Doshas, Dushyas* or *Dhatus. Annavisha* while, remaining in the *Grahani* and spread in the whole body through *Rasadi Dhatus* produces symptoms, Viz. *Vistambha* (Abdominal distention), Sadana (feeling of prostration), headache, fainting and giddiness, stiffness of back and lumber region, yawning, malaise, morbid thirst, fever, vomiting, tenasmus, anorexia and indigestion of food. This is a serious condition named as *Grahani Roga*.

SAMPRAPTI OF GRAHANI ROGA (SCHEMATIC PRESENTATION)19



SAMPRAPTI GHATAKA OF GRAHANI ROGA

Samprapti Ghataka of *Grahani Roga* can be summarized under the following headings:

- *Dosha : Kledaka Kapha, Pachaka Pitta, Samana, Apana, Vyana Vayu*
- *Dushya : Rasa dhatu*
- *Agni : Jatharagnimandya*
- *Ama : Jatharajanya*
- *Srotas : Annavaha Srotas, Purishavaha Srotas, Rasavaha Srotas*
- *Strotodusti : Sanga, Vimarga-gamana, Atipravritti*
- *Udbhavasthana : Amashaya*
- *Rogamarga : Abhyantara and Bahya Roga Marga*
- *Vyadhiswabhava : Chirakari*
- *Adhisthana : Grahani*

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UPADRAVA OF GRAHANI ROGA

Acharya Harita[17] described six complications of *Grahani Roga* viz.

- *Pliha Yakrita Vriddhi* (hepato-spleenomegaly)
- *Kandu* (itching)
- *Vibandh* (constipation)
- *Asthila*
- *Krimi*
- *Udara Roga*

IRRITABLE BOWEL SYNDROME (IBS)[18]-

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities. Throughout the world, about 10–20% of adults and adolescents have symptoms consistent with IBS, and most studies show a female predominance. This clinical entity is characterized by chronic (more than 3 months) abdominal pain that occurs in association with altered bowel habits. The 2016 Rome IV consensus definition of irritable bowel syndrome is abdominal pain that has two of the following three features: (1) related to defecation, (2) associated with a change in frequency of stool, or (3) associated with a change in form (appearance) of stool. Symptoms of abdominal pain should be present on average at least 1 day per week. Other symptoms supporting the diagnosis include abnormal stool frequency; abnormal stool form (lumpy or hard; loose or watery); abnormal stool passage (straining, urgency, or feeling of incomplete evacuation); and abdominal bloating or a feeling of abdominal distention. Severity of symptoms of the disease varies and can significantly impair quality of life, resulting in high health care costs. In the genesis of disease altered gastrointestinal (GI) motility, visceral hyperalgesia, disturbance of brain–gut interaction, abnormal central processing, autonomic and hormonal events, genetic and environmental factors, and psychosocial disturbances are variably involved, depending on the individual.

Patients with irritable bowel syndrome may be classified into one of four categories based on the predominant stool habits and stool form45:

1) Irritable bowel syndrome with diarrhea (IBS-D)
2) Irritable bowel syndrome with constipation (IBS-C)
3) Irritable bowel syndrome with mixed constipation and diarrhea (IBS-M)
4) Irritable bowel syndrome that is not subtyped.

ETIOLOGY

The exact cause of IBS is unknown.

1) Disturbance of GI motility- In IBS, small intestine show subtle differences in activity, particularly under conditions of stress and during sleep.
- Corticotrophin releasing hormone secreated in response to stress, increases the number of discrete cluster contraction.
- Increased frequency of migrating motor complex (MMC).
- More retrograde duodenal and jejunal contractions.
- Exaggerated motor response to meal ingestion.

2) Sensory abnormalities (visceral hyperalgesia)-IBS patient report discomfort at lower volume of gut distension, such patients suffer from 'visceral hypersensitivity' and the cause of the problem may be neural abnormality of the primary afferent nerves to the spinal cord, or of the intrinsic nerves of the colonic wall.

3) Post- infective /Post-inflammatory causes- Onset of symptoms may follow an enteric infective episode (e.g. Campylobacter), and IBS like symptoms are in patients with coexistent inflammatory bowel disease.

4) Abnormal regulatory physiology-Patients with IBS have been reported to exhibits exaggerated GI responses, either as intrinsic reflexes (eg. Motility response to eating or infused cholecystokinin) or to exogenously infused drugs (e.g. cholinergics) and the stress response mediator corticotrophin releasing hormone (CRH).

5) Unbalance of neurotransmitters (decreased serotonin levels).

6) Diet- Colonic fibre fermentation may be a source of perceived excess gas, and has led to suggestions of a role of abnormal colonic bacterial flora.

7) Stress.

Signs and Symptoms

GI Symptoms-	Non- GI symptoms- Lethargy
• Cramping • Abdominal pain • Abnormal stool frequency (less than three times per week or over three times per day) • Feeling of incomplete evacuation. • Bloating • Constipation • Diarrhoea • Constipation & Diarrhoea both • Weight loss • Mucus discharge per rectum	• Backache and other muscle and joint pain • Headache • Urinary symptoms- Nocturia,Frequency and urgency of micturition. • Dyspareunia in women • Insomnia

PATHOGENESIS

1.Disturbances in GI motility.-

In reaction to stress, the hormone corticotrophin is released, which causes an increase in distinct cluster contractions. An increased frequency of the migrating motor complex (MMC); more retrograde contractions of the jejunum and duodenum; and an exaggerated motor response to the consumption of food

2. Post-infectious IBS

- Bacterial gastroenteritis- Some of patient with post infectious symptoms will receive a diagnose of IBS, a

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chronic episodic medical condition related to abdominal pain or discomfort and altered bowel habits.

- Infection caused by kind of pathogens like Campylobacter species, Salmonella species, Diarrheagenic strains of E.coli,Shigella species.

3. Serotonin-

The most significant neurotransmitter in the pathophysiology of IBS is serotonin (5-HT), which is widely distributed in the GI tract. It is made available. It is released from enterochromaffin cells affects gastrointestinal motility, enterocyte secretion and visceral secreation. Peripheral sensitization causes an area of hypersensitivity to develop in the surrounding uninjured tissue- this phenomenon is called central sensitization.

4.)Genetics - Polymorphisms of gene coding for cytokines production of interlukins 10 – Increased production of Tumor Necrosis Factor –alpha

5. Psychosocial factors- The response to stress is mediated by corticotrophin releasing factor (CRF) secreted by the enteric neurons, enteroendocrine cells and immune cells. CRF binds to CRF receptors present on smooth muscle cells and increase the number of discrete cluster contraction. Emotions significantly affects colonic response in IBS. Stressful stimuli disrupt upper GI motility in several ways.

DIAGNOSIS CRITERIA

a) Manning's Criteria

-Three or more features should have been present for at least 6 months;

- Pain relieved by defecation.
- Pain onset associated with more frequent stools.
- Looser stools with pain onset
- Abdominal distension.
- Mucus in the stool.
- A feeling of incomplete evacuation after defecation.

b) Rome IV Diagnostic Criteria for Irritable Bowel Syndrome-

Recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, associated with ≥2 of the following criteria:

- Related to defecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

COMPLICATION

1) Hemorrhoids 2) Dehydration 3) Impacted bowels

LABORATORY FINDINGS AND SPECIAL EXAMINATIONS

- A **complete blood count** should be obtained to screen for iron deficiency anemia.
- A **fecal calprotectin level** is recommended to screen for inflammatory bowel disease; a value of greater than 50 mcg/g may warrant further endoscopic evaluation. Serologic testing for celiac disease (TG IgA) should be performed.
- **Stool specimen** examinations should be obtained in patients with increased likelihood of parasitic infection (eg, day care workers, campers, foreign travellers) for Giardia antigen or for multiple organisms (Giardia, Cryptosporidium, Cyclospora, Entamoeba histolytica) using nucleic acid amplification (PCR) tests.
- **Colonoscopy**-Especially In patients aged 50 years or older who have not had a previous evaluation

OBSERVATION & RESULT

A) Sign & symptoms-

According to Ayurveda	According to Modern View-

• Malapravritti -Atisrishtam
  ○ Vibaddha
  ○ Dravam
• Trishna (Thirst)
• Arochaka (Anorexia)
• Vairasyam(Bitter taste of mouth)
• Prasekam(salivation)
• Tamapravesh (Darkness in front of eyes)
• Pada-Karasoona(Oedema on hand and feet)
• Asthiparv ruka(Pain in bones and Joints)
• Chardhan(vomiting)
• Jwara(Fever)
• Loha-amlagandhi tikta-amla udhghar.
	• Flatulance
	• Motion 3-4 times in the morning.
	• Steatorrhoea (fatty stool)
	• Weakness
	• Pallor &Anaemia
	• Dryness of skin
	• Weight loss.

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B}Sapeksha Nidan

S.No	GRAHANI	ATISARA	PRAVAHIKA
1	Ama mala pravritti sometimes	Ama mala pravritti sometimes	Ama mala pravritti always
2	No blood in stool	Blood may be found in school	Blood is found in school
3	No Pravahana	No Pravahana	Pravahana
4	Karshya and Balakhsya is present	Not much Karshya & Balakshay	If Frequency increases Balakshay occurs
5	Chirakari	Asukari	Asukari

Differential Diagnosis of Irritable Bowel Syndrome-

Sign & Symptoms Suggested diagnosis

1) Anaemia may be due to Cancer , IBD
2) Chronic severe diarrhoea may suggest infection
3) Further rigorpos investigation should be done to rule out Cancer if family history of colon cancer is present.
4) Melena,or other signs of Intestinal bleeding may be possible due to arteriovenous malformation, Colonic polyps,
5) Recurrent fever can be caused by Infection
6) parasites
7) Weight loss may be due to IBD
8) Psychiatric disorders such as depression, panic disorder, and anxiety
9) malabsorption (especially celiac disease, bacterial overgrowth, lactase deficiency)

Pathya-Apathya -

PATHYA AHARA	PATHYA VIHARA	APATHYA AHARA	APATHYA VIHARA
Takra, Masur, Tuvara, Mudhaga, Tila, Makshika Dadima.	*Nidara, Langhan*	*Anna, Draksa, Dugdha, Gomutra, gud, Vruddha bhojana*	*Aatap, Ratrijagran, snana, vega dharana, nasya karma, anjana, sveda, dhumpan*

DISCUSSION

1. Conceptual Parallels
   Grahani is primarily a disorder of *Agni* (digestive fire) and *Grahani dhatu* (duodenum/upper GI) in Ayurveda which is manifested due to imbalanced *Grahani dosha*, whereas IBS is a functional GI disorder in modern medicine. Both are functional bowel disorders—there are no structural abnormalities, but symptoms are distressing and chronic.
2. Etiological Correlation
   Rogasarveapimandagni" i.e *Mandagni* is the root cause of the gastrointestinal tract. *Grahani roga* is mainly caused due by *Agni dushti.*The organ *Grahani* and Agni have *Ashraya-Ashrita* type of relationship. The prime site of *Agni* and the site of occurrence of the disease *Grahani Dosha* is organ *Grahani*.Ayurveda attributes *Grahani* to *Mandagni*, irregular food habits, incompatible diet (*Viruddha Ahara*), psychological factors like stress, etc. IBS is linked to gut-brain axis dysfunction, stress, food intolerances, and gut motility abnormalities. Both conditions emphasize diet and lifestyle in their pathogenesis.
3. Symptom Similarities
   Common symptoms: abdominal pain, altered bowel habits (constipation/diarrhea/mixed), bloating, indigestion.Grahani often presents with undigested food in stools (Ama mala), which can correspond to malabsorption-like features in IBS.
4. Pathogenesis Comparison (*Samprapti* vs. Pathophysiology)
   Grahani samprapti involves *Agni dushti, Ama* formation, *Vata-Pitta-Kapha* imbalance. IBS pathophysiology involves visceral hypersensitivity, motility disturbances, low-grade inflammation, gut microbiota alterations. Vata-dominant *Grahani* can be compared with IBS-C, Pitta-dominant with IBS-D, and Kapha with sluggish digestion symptoms.
5. Diagnostic Approach
   Grahani diagnosis is based on clinical features, dosha assessment, and *Nadi-Pariksha*. IBS uses Rome IV criteria, exclusion of other GI diseases (e.g., IBD, celiac).
6. Management Strategies
   Ayurveda: Emphasis on *Deepana, Pachana, Srotoshodhana, Vata-anulomana,* and *Rasayana* therapy. Use of herbs like *Bilva, Musta, Kutaja, Ativisha,* etc. Modern: Dietary modifications (FODMAP), antispasmodics, fiber, probiotics, psychological therapy (CBT), antidepressants. Both recognize the importance of diet, stress management, and regular routines.
7. Psychosomatic View
   IBS is recognized as a psychosomatic disorder, similar to the role of Manas (mind) in *Grahani*'s causation in Ayurveda.
8. Holistic Integration
   Ayurvedic principles may offer a complementary approach to IBS treatment Potential for integrative management, combining both paradigms for better outcomes.

CONCLUSION

The Ayurvedic concept of *Grahani* and the modern biomedical diagnosis of IBS share remarkable clinical similarities. While their theoretical foundations differ, both recognize the multifactorial nature of gut dysfunction. An integrative approach that combines the strengths of both systems may provide better symptomatic relief and holistic well-being.

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Grahani roga is is related to digestion of food and its absorption is becoming more common than the past due to our faulty food habits, which are covered under *Grahani Dosha*..They are treated more pronounced way with considering Ayurvedic concept of *Agni* and administrating *Deepana, Pachana* drug.

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