

**A RANDOMISED CONTROLLED CLINICAL STUDY TO EVALUATE THE EFFICACY OF VIRECHANA KARMA IN THE MANAGEMENT OF VATAJA GRAHANI VIS-A-VIS IRRITABLE BOWEL SYNDROME****Dr. Shwetha Jain H. A.<sup>1\*</sup>, Dr. Sanjay Kumar M. D.<sup>2</sup>, Dr. Ananta S. Desai<sup>3</sup>**<sup>1</sup>Final Year Post-Graduate, Department of Kayachikitsa, Government Ayurveda Medical College and Hospital, Mysuru.<sup>2</sup>Professor, Department of Kayachikitsa, Government Ayurveda Medical College and Hospital, Mysuru.<sup>3</sup>Professor and HOD, Department of Kayachikitsa, Government Ayurveda Medical College and Hospital, Mysuru.**\*Corresponding Author: Dr. Shwetha Jain H. A.**

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**ABSTRACT**

*Grahani Roga* is a disorder of the digestive system described in *Ayurveda*, occurring due to impairment of *Agni*. Among its types, *Vataja Grahani* is characterized by predominance of *Vata Dosha* involving *Samana* and *Apana Vata*, leading to irregular bowel habits, abdominal pain, distension, and painful defecation. These clinical features closely resemble Irritable Bowel Syndrome, a functional gastrointestinal disorder recognized in modern medicine. Conventional management provides symptomatic relief with frequent recurrence, necessitating exploration of holistic approaches. The present randomized controlled clinical study was conducted to evaluate the efficacy of *Virechana Karma* followed by *Shamana Chikitsa* in the management of *Vataja Grahani vis-à-vis Irritable Bowel Syndrome* and to compare it with *Shamana Chikitsa* alone. Subjects fulfilling diagnostic criteria were randomly allocated into two groups. Group A received *Virechana Karma* followed by *Shamana Chikitsa* with *Dadimastaka Churna* along with *Takra*, while Group B received only *Shamana Chikitsa*. Clinical assessment was carried out using subjective parameters related to bowel habits, abdominal pain, distension, and associated symptoms. Both groups showed statistically significant improvement; however, Group A demonstrated superior and sustained improvement. The study concludes that *Virechana Karma* followed by *Shamana Chikitsa* is effective and safe in the management of *Vataja Grahani vis-à-vis Irritable Bowel Syndrome*.

**KEYWORDS:** *Vataja Grahani*, Irritable Bowel Syndrome, *Virechana Karma*, *Shamana Chikitsa*, *Agni Dushti*.**INTRODUCTION**

*Grahani Roga* is a major gastrointestinal disorder described extensively in classical *Ayurvedic* texts and is included among the *Ashta Mahagada*. *Grahani* is considered the seat of *Jatharagni* (Digestive Fire), and its functional integrity is entirely dependent on the status of *Agni*.<sup>[1]</sup> Any disturbance in *Agni* results in improper digestion, formation of *Ama* (Metabolic Toxins), and subsequent manifestation of *Grahani Roga*.

In the present era, faulty dietary habits such as irregular meal timings, excessive intake of incompatible, processed, and heavy foods, along with sedentary lifestyle and psychological stress, have become increasingly prevalent. These factors lead to *Agni Dushti*

and aggravation of *Vata Dosha*, particularly *Samana Vata* and *Apana Vata*. When *Vata Dosha* predominates, the condition manifests as *Vataja Grahani*, characterized by *Muhur-Baddha Muhur-Drava Mala Pravritti* (alternating bowel habits), *Adhmana* (abdominal distension), *Udara Shoola*,<sup>[2]</sup> painful defecation, gurgling sounds, and general debility.

From the modern perspective, *Vataja Grahani* closely resembles Irritable Bowel Syndrome (IBS), which is defined as a functional bowel disorder characterized by recurrent abdominal pain associated with altered bowel habits in the absence of structural pathology.<sup>[3]</sup> IBS significantly affects quality of life, causing physical discomfort, emotional distress, and social impairment.

Despite the availability of pharmacological treatments such as antispasmodics, laxatives, and antidepressants, long-term management remains unsatisfactory due to recurrence and adverse effects.

Ayurveda emphasizes a root-based approach in disease management. The treatment principles of *Vataja Grahani* include *Deepana*, *Pachana*, *Snehana*, *Swedana*, *Shodhana*, and *Shamana Chikitsa*.<sup>[4]</sup> Among these, *Virechana Karma* plays a vital role by eliminating vitiated *Dosha* and *Ama* from the *Pakvashaya*, thereby restoring normal digestive physiology and regulating *Vata Dosha*.

*Dadimastaka Churna*, administered with *Takra* (Buttermilk), is a classical formulation indicated in *Grahani Roga*<sup>[5]</sup> due to its *Deepana*, *Pachana*, *Grahi*, and *Vatahara* properties. *Takra* further enhances *Agni* and stabilizes bowel function. Considering these principles, the present study was undertaken to evaluate the efficacy of *Virechana Karma* followed by *Shamana Chikitsa* in *Vataja Grahani* vis-à-vis Irritable Bowel Syndrome.

## MATERIALS AND METHODS

### Source of Data

The study was conducted in the Out-Patient and In-Patient Departments of *Kayachikitsa* at a Government Ayurveda Medical College and Hospital and Government Hi-Tech Panchakarma Hospital, Mysuru.

### Source of Drug

*Chitraka Ghrita* was prepared freshly in the Departmental Pharmacy, Government Ayurvedic Medical College & Hospital, Mysuru, as per the classical reference of *Chakradatta*.<sup>[6]</sup> Preparation was done following SOPs under departmental supervision. *Dadimastaka Churna* was procured from Vaidyaratnam, a GMP-certified pharmacy.

### Study Design

The present study was a randomized controlled clinical trial conducted with pre-test, mid – test, post-test, and follow-up assessments.

### Sample Size and Sampling Method

- Study was conducted in 40 subjects, 20 in each group.
- Simple Random Sampling was used to categorize subjects into two different groups.

### Diagnostic Criteria

Diagnosis of *Vataja Grahani* was based on classical signs and symptoms such as:

- *Buktho bahushaha ama meva vimunchati* (expels the food in undigested form).
- *Punah Punah Srujet Varchaha* (frequent passing of stools)
- *Chirat Dukham Mala Tyaga* (Prolonged painful evacuation)

- *Tanvamam Sashabdaphena Mala Tyaga* (expels thin, unformed frothy stools with flatulence)
- *Drava Mala Pravritti* (Expels watery stools)
- *Jeerne Jeeryati Admanam, Bhukto Swastham Upaithi Cha* (Distention of abdomen after digestion, which reduces after food intake).

### Modern Diagnostic Criteria

Subjects fulfilling the Rome IV criteria for Irritable Bowel Syndrome were included.

### Inclusion Criteria

- Subjects between age group of 18– 60 years, irrespective of gender, religion, occupation.
- Subjects fulfilling the Rome IV criteria.
- Both freshly diagnosed and treated cases

### Exclusion Criteria

- Subjects suffering with other systemic diseases which interfere with the intervention like uncontrolled Diabetes mellitus (FBS > 150 mg/dL and PPBS > 250 mg/dL) and uncontrolled Hypertension (>160/100 mm/hg) was excluded.
- Subjects with complications of IBS such as severe anemia, rectal bleeding and significant weight loss were excluded.
- Pregnant and lactating women
- Subjects unfit for *Virechana Karma*

### Assessment Criteria

#### 1) PUNAHA PUNAHA MALA PRAVRUTHI

Once a day	0
2-3 times a day	1
4-5 times a day	2
>6 times a day	3

#### 2) DRAVA MALA PRAVRUTHI

Normal consistency	0
Semisolid	1
Thick fluid consistency	2
Watery	3

#### 3) AMAYUKTA MALA PRAVRUTHI

No visible mucus in stool	0
Visible sticky mucus in stool	1
Passage of mucus with frequent stool	2
Passage of large amount of mucus in stool	3

#### 4) CHIRATH DUKHA MALA PRAVRUTHI

Complete evacuation without straining	0
Incomplete evacuation even after defecation with straining	1
Painful defecation	2
Pain continues even after defecation	3

### 5) UDARA SHOOLA OR DISCOMFORT

No abdominal pain	0
Occasional/ rarely abdominal pain	1
Intermittent abdominal pain relieved by passage of flatus & stool	2
Continuous pain not relieved by passage of flatus & stool	3

#### Intervention

Group A – *Virechana Karma* followed by *Shamana Chikitsa*

*Purva Karma*

- *Deepana–Pachana* with *Chitrakadi vati* 250mg with luke warm water after food till the appearance of *nirama lakshana*.
- *Shodhananga Snehapana* was administered with *Chitraka Gritha* from the day of *Nirama Lakshanas* till the attainment of *Samyak Snigdha Lakṣaṇas*.
- During *Vishrama kala saarvadaihika abhyanga* with *murchitha tila taila* followed by *mrudhu bashpa swedana* was done for 3 days.
- For the purpose of *virechana*, *Nimbaamrutha eranda taila* with *Chitraka Kashaya* as *anupana* was administered after assessing *the koshta*.
- *Samsarjana krama* was followed according to the type of *shuddhi*. After completion of *samsarjana karma*, *Shamana chikitsa* with *Dadimastaka churna* orally in a dosage of 5 gm twice a day (morning & night) with *takra* (Q.S- around 200ml) after food was given for 30 consecutive days.

The subjects of Group B, were given

- *Deepana pachana* with *Chitrakadi vati* 250mg with luke warm water after food till the appearance of *nirama lakshana*.
- *Shamana chikitsa* with *Dadimastaka churna* orally in a dosage of 5 gm twice a day (morning & night) with *takra* (Q.S- around 200ml) after food was given for 30 consecutive days.

#### Statistical Analysis

Data were analyzed using appropriate statistical software. Descriptive statistics and inferential tests were applied.

#### RESULTS

All 40 subjects completed the study without adverse events.

##### 1. Punaha Punaha Mala Pravrtti

No significant intergroup difference was observed at any assessment point. Both groups showed highly significant within-group improvement. Group A showed 45.9% improvement after completion of intervention and 43.2% at follow-up, while Group B showed 50% and 35.7% improvement respectively. Group A demonstrated slightly better sustained results (7.5%).

##### 2. Drava Mala Pravrtti

Intergroup comparison showed no significant difference. Group A showed 56.8% improvement after *Samsarjana Krama*, 67.6% after completion of intervention, and 73.0% at follow-up. Group B showed 60.0% improvement after completion of intervention and 70.0% at follow-up. Group A showed marginally better sustained improvement (3%).

##### 3. Amayukta Mala Pravrtti

No significant intergroup difference was noted. Group A showed 100% reduction after completion of intervention and at follow-up ( $p = 0.0431$ ). Group B showed 64.3% improvement after completion of intervention and 71.4% at follow-up. Group A demonstrated superior sustained outcome (28.6%).

##### 4. Chirath Dukha Mala Pravrtti

A significant intergroup difference was observed after completion of intervention, favoring Group A. Group A showed 61.9% improvement after completion of intervention and 66.7% at follow-up, both highly significant. Group B showed 22.2% improvement after completion of intervention and 44.4% at follow-up. Group A showed faster and sustained improvement (22.3%).

##### 5. Udara Śūla / Discomfort

No significant intergroup difference was observed. Group A showed 71.4% improvement after completion of intervention and 81.0% at follow-up, while Group B showed 57.1% and 64.3% improvement respectively. Both groups improved significantly, with better sustained relief in Group A (16.7%).

#### Overall Effect in Group A and Group B

Both groups showed improvement in overall symptoms from baseline to after intervention and follow-up. However, the percentage of improvement was higher in Group A (72.77%) compared to Group B (57.17%), suggesting a better sustained effect in Group A.

#### DISCUSSION

##### PROBABLE MODE OF ACTION OF INTERVENTION

##### *Snehapāna (chitraka ghṛta)*

*Śodhana-pūrvaka Snehapāna* facilitates mobilization of vitiated *Doṣas* from *Śākhā* to *Koṣṭha* through *Vṛddhi*, *Viśyandana*, *Pāka*, *Srotomukha Viśodhana* and *Vāyu Nīgrahaṇa*. *Chitraka Ghṛta* is selected due to its *Dīpana*, *Pācana*, *Grahī*, *Lekhana*, and *Śūlahara* properties, which directly counter *Agnimāndya* and *Āma Sañcaya* seen in *Vātaja Grahāṇī*. Its *Uṣṇa Vīrya* and *Kaṭu Vipāka* pacify *Vāta–Kapha* and stabilize bowel function. Processing in *Ghṛta* enhances bioavailability and moderates *Tīkṣṇatā*, ensuring deep penetration and sustained therapeutic action.

**Swedana**

Swedana liquefies *Klinna Doṣas* lodged in *Koṣṭha*, *Dhātu*, *Srotas*, and *Śākhā* and directs them towards the *Koṣṭha*. The thermal effect induces vasodilatation, increases local circulation, and enhances metabolic activity. Improved blood flow facilitates oxygen and nutrient delivery while aiding removal of metabolic wastes. This process assists in loosening adhered *Doṣas* and prepares them for effective elimination during *Śodhana*. Thus, *Swedana* acts as a crucial *Pūrvakarma* enhancing the efficacy of *Virecana*.

**Virecana karma (with Nimbāmṛta Eraṇḍa Taila)**

*Virecana Karma* corrects *Agnimāndya*, removes *Āma*, and restores functional integrity of *Grahaṇī*. Through elimination of vitiated *Doṣas* from *Annavaha* and *Pūriṣavaha Srotas*, it re-establishes normal digestion and absorption. *Vātānulomana* relieves *Apāna Vāta Avaraṇa*, normalizing bowel movements. *Nimbāmṛta Eraṇḍa Taila*,<sup>[7]</sup> owing to its *Sūkṣma*, *Sara*, and *Tikṣṇa Guṇas*, stimulates peristalsis and expels morbid *Vāta-Pitta*. On a systemic level, the cleansing of the intestinal tract through *Virechana* promotes restoration of the gut ecosystem, as evident by improved intestinal motility and microbial balance.<sup>[8]</sup> This internal purification re-establishes homeostasis within the gut, reducing dysbiosis, inflammation, and irregular peristalsis conditions that are recognized in modern parlance as key contributors to the pathophysiology of Irritable Bowel Syndrome. The procedure results in *Agni Vrddhi*, *Srotoviśodhana*, and sustained remission in *Vātaja Grahaṇī*.

**Role of anupāna – Chitraka Kaṣāya**

*Chitraka Kaṣāya* as *Anupāna* enhances the *Dīpana-Pācana* and *Grahī* effects of *Virecana*. Its *Laghu*, *Rūkṣa*, *Tikṣṇa*, and *Uṣṇa* properties effectively digest *Āma*, regulate abnormal bowel motility, and pacify *Vāta-Kapha*.<sup>[9][10]</sup> It improves disease specificity of the therapy and supports stabilization of gastrointestinal function. Thus, it synergistically potentiates the action of *Virecana Yoga*.

**Mode of action of dadimāṣṭaka cūrṇa**

*Dadimāṣṭaka Cūrṇa* is an *Uṣṇa Grahī Yoga* possessing *Kaṭu-Tikta Rasa*, *Uṣṇa Vīrya*, and *Kaṭu-Madhura Vipāka*. It regulates *Jāṭharāgni*, digests *Āma*, and corrects *Agnimāndya*. As a *Grahī*, it reduces excessive intestinal motility and controls *Muhurdrava Mala Pravṛtti*. Its *Śūlahara*, *Kaphanāśaka*, and *Arucināśaka* actions relieve abdominal pain and bloating. The formulation also strengthens *Dhātus* and breaks the *Samprāpti* of *Grahaṇī Doṣa*.

**Modern phytochemical and pharmacological basis**

GC-MS analysis of *Dadimāṣṭaka Cūrṇa* revealed bioactive compounds such as thymol, piperine, stigmasterol,  $\gamma$ -sitosterol, benzoic acid derivatives, fatty acid esters, terpenoids, and flavonoids, conferring anti-inflammatory, antimicrobial, antioxidant, carminative,

and digestive stimulant activities, supporting its *dīpana*, *pācana*, *grāhi*, and *krimighna* actions.

**Role of anupāna – takra**

*Takra* possesses *Laghu Guṇa*, *Uṣṇa Vīrya*, and *Dīpana* action, making it *Pathya* in *Atisāra* and *Grahaṇī*.<sup>[11]</sup> It enhances digestion of undigested food particles and controls loose stools. When used with *Dadimāṣṭaka Cūrṇa*, it acts synergistically to improve *Agni* and restore gut homeostasis. Thus, *Takra* augments therapeutic efficacy and supports sustained symptom relief.

**CONCLUSION**

*Grahaṇī Roga*, one among the *Aṣṭa Mahāgada*, presents with features such as *Muhur baddha-muhur drava mala pravṛtti*, *Adhmāna*, *Udara Śūla*, and *Sa-śabda phenila mala pravṛtti*, closely resembling *Irritable Bowel Syndrome*. In the present study, the additional efficacy of *Virecana Karma* in the management of *Vātaja Grahaṇī* vis-à-vis IBS was evaluated. Both treatment groups showed statistically significant improvement in major clinical symptoms. However, *Virecana Karma* followed by *Śamana Cikitsā* produced superior and more sustained results compared to *Śamana Cikitsā* alone. Hence, the null hypothesis was rejected and the alternate hypothesis accepted, establishing *Virecana* with *Śamana* as a more effective and comprehensive therapeutic approach.

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