

**CASE REPORT: COMPREHENSIVE AYURVEDIC MANAGEMENT OF GRAHANI (IBS)
WITH ALCOHOL HISTORY AND SATWAVAJAY CHIKITSA — A CLINICAL
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ABSTRACT

A 40-year-old male presented to the outpatient department at Rishikul Campus, Haridwar, with severe gastrointestinal disturbances diagnosed as *Grahani* (IBS). The patient also had a history of chronic alcohol use, which exacerbated his digestive and mental health concerns. An integrated approach using classical Ayurvedic formulations and Satwavajay Chikitsa for de-addiction resulted in remarkable recovery within one month, underlining the holistic efficacy of Ayurveda in multifactorial cases.

KEYWORDS: IBS, *Grahani Roga*, *Satwavajay*.**INTRODUCTION**

Grahani Roga is classified under disorders of the gastrointestinal system in Ayurveda, wherein the *Agni* (digestive fire) is impaired. Typically, this disorder is marked by altered bowel habits, frequent loose stools, passage of mucus, incomplete evacuation, and anorexia. In modern terms, many of these symptoms correlate with Irritable Bowel Syndrome- particularly the diarrhea-predominant (IBS-D) subtype. Alcohol consumption further impairs digestion, aggravates *Agni*, and increases psychological stress, contributing to disease chronification. Ancient and contemporary Ayurvedic literature recognizes the mind-gut connection and prescribes Satwavajay Chikitsa for addressing underlying addictive and behavioral issues.

CASE PRESENTATION**Patient Profile**

Age/Gender: 40-year-old male.

Chief Complaints

- Urgency to defecate immediately after meals
- Stool frequency up to 20 times per day
- Persistent feeling of incomplete evacuation

- Passage of mucus with stools
- Reduced appetite
- Marked sleep disturbance
- Unable to perform daily occupational and social activities

History

- Chronic alcohol consumption (>10 years), reportedly 3-4 times per week
- Symptoms worsened with increasing alcohol use
- Previous failed attempts to quit alcohol, increased anxiety and cravings
- Diet: Irregular pattern, predominantly spicy and processed foods
- No significant comorbidities or previous GI surgeries

Clinical Examination

- General and systemic examination: Stable vital parameters, no fever or dehydration
- GI: Mild diffuse abdominal tenderness, no organ enlargement

- Stool: Semi-formed to loose, mucus present, no blood or parasites
- Ayurvedic assessment: Features of *Mandagni* and *Grahani Lakshanas*, mild *Vata-Pitta* prakopa, psychological stress evident

Diagnosis

- Ayurvedic: *Grahani* (Vata-Pitta predominant)
- Modern: IBS-D, with significant psychosomatic overlay and alcohol dependence

Treatment Protocol

1. Ayurvedic Pharmacotherapy.

- Ajmodadi Churna*: 3 g
- Grahani Kapat Rasa*: 250 mg
- Trikatu Churna*: 1 g
- Bilwadi Churna*: 2 g

All mixed, administered twice daily with *Takrarishta* 20 ml post-meal

- Kutaj Ghan Vati*: 2 tablets twice daily
- Chitrakadi Vati*: 1 tablet, to be kept and dissolved slowly in the mouth every 3 hours (not chewed)

2. *Satwavajay Chikitsa* (Psychological Counseling/Support)

- Regular motivational counseling for alcohol de-addiction
- Mindfulness and meditative practices to build willpower
- Emotional support sessions and advice on managing cravings, withdrawal symptoms
- Family counseling for a supportive environment

3. Lifestyle and Dietary Advice

- Avoidance of spicy, oily, and processed foods
- Focus on light, easily digestible meals (e.g., khichdi, moong dal soup)
- Regular meal timing
- Abstinence from alcohol, with monitored support

4. *Nidan Parivarjan*

- Education about disease triggers (alcohol, irregular food intake, stress)
- Implementation of a structured daily routine

Follow-Up and Outcome

- **1st Week**
- 50% reduction in frequency of defecation (down to 8–10/day)
- Significant relief in urge and mucus discharge
- Initial improvement in appetite
- Reduced anxiety around bowel movements

1st Month

- Complete normalization of bowel frequency (1–2/day)
- Absence of mucus, complete evacuation

- Restored appetite, improved sleep, mood stabilization
- Full return to daily work and social life
- Gradual tapering of medications under supervision

Alcohol management

- Strong reduction in cravings and intake
- Patient reported improved self-control and confidence
- Ongoing counseling planned monthly for long-term relapse prevention

DISCUSSION

This case illustrates the multifaceted approach prescribed by Ayurveda in management of *Grahani* with co-existing behavioral and addictive disorders.

- *Grahani* with IBS-like features, especially with a long-standing alcohol history, is challenging due to its impact on Agni, liver, and psychological health.
- *Ajmodadi Churna* and *Trikatu* enhance digestion (*Agni deepana*), while *Bilwadi Churna* and *Grahani Kapat Rasa* address *Stambhana* (bowel regulation). *Kutaj Ghan Vati* exhibits potent anti-diarrheal effects.
- *Takrarishta* acts as a probiotic and restores gut flora, essential for gut healing.
- *Chitrakadi Vati* is a classical compound that stimulates appetite, regularizes bowel movement, detoxifies liver, and should be allowed to dissolve slowly in the mouth for maximum effect, not chewed or swallowed directly.
- *Satwavajay Chikitsa* plays a pivotal role by harnessing mind - body techniques to address emotional triggers and alcohol dependence, practices such as yogic breathing, meditation, and counseling can break the cycle of addiction and prevent relapse.
- Withdrawal and abstinence were achieved using both herbal support and strong behavioral motivation, consistent with traditional Ayurvedic addiction recovery programs.

CONCLUSION

A comprehensive Ayurvedic protocol combining pharmacotherapy, *Satwavajay Chikitsa*, dietary and lifestyle modifications effectively managed a chronic case of *Grahani* complicated by alcohol dependency. Substantial improvement was seen within one week, with full remission in a month, improved physical and psychological well-being, and successful abstention from alcohol. This highlights the holistic strength of Ayurveda in treating complex, psychosomatic and addiction-linked digestive disorders.