



## PREVENTION OF PSYCHOSOMATIC DISORDER WITH SPECIAL REFERENCES TO IRRITABLE BOWEL SYNDROME (IBS) BY AYURVEDIC DRUG REGIMENS

Dr. Rakesh Kumar Verma<sup>1</sup> and Dr. A.R. Bhattacharya<sup>2</sup>

<sup>1</sup>Associate Professor, Dept of Swasthivritta, C.B.P.A.C.S., Khera Dabar, Najafgarh, New Delhi and Associate Professor, Dept of Rog and Vikriti Vigyan, Desh Bhagat Ayurvedic College & Hospital Mandi Govindgarh, Punjab

**Abstract:** At the present time, we all know that the true progress of nation basically depends upon good health of its people. Then only people can enjoy desired quality of life. In the field of medical health care no proverb is as old and so good as “PREVENTION IS BETTER THEN CURE”. Historically the prevention was initially limited only up to the control of transmissible diseases. But now with the changing level of development and rise in population and other socio economic condition the pattern of disease has also changed and with this the horizon of prevention has become much expended , e.g. the prevention of neo-plastic, congenital traumatic, psychic and psychosomatic diseases. Now a day, with the growing rate of urbanization and industrial development the human life is becoming more and more stressful due to involvement of materialistic era and avoidance of spiritual health norm. Keeping this view in mind the present work “Prevention of psychosomatic disorders with special references to irritable bowel syndrome (IBS)” by drug therapy has been taken to bring out an effective preventive measures for psychosomatic diseases.

**Introduction:** Ayurvedic conceives human life as an integral entity consisting of a body mind and soul. They believe that a healthy living is the result of a joint living of healthy body and healthy mind. Similarly a disease is the result of disorganization of the mind and the body. Accordingly the measures advocated for the prevention of health and uses of diseases are meant to influence the body as well as the mind simultaneously. The swasthavritta, as described in Ayurveda is an important approach towards the prevention of psychosomatic diseases.<sup>[1]</sup>

Keeping this view in mind the present work prevention of psychosomatic disorders with special references to irritable bowel syndrome has been taken to bring out effective preventive measures for psychosomatic diseases.<sup>[2]</sup> In such topic the particular disease IBS (irritable bowel syndrome) has been selected for study on its preventive view, it is one of the most commonly encountered chronic gastrointestinal psychosomatic disorders characterized by disturbance of defecation and associated lower abdominal discomfort or pain or distension with absence of organic bowel diseases.<sup>[3]</sup> IBS is

considered a bowel motility disorder with psychosomatic diatheses. Both the psychological and physiological disturbance is identified in the etio pathogenesis of gastrointestinal tract disorders. Particularly in IBS the psychological factors more predicts the development of symptoms in the IBS after gastroenteritis.

A careful study of Ayurvedic literature numbers of clinical conditions are described, simulates to the features of IBS. Certain form of atisara and pravahika and certain other similar condition affecting the GI, but no disease exactly correlates IBS.<sup>[4]</sup> It has been experience of many clinicians that the conventional management of IBS is not satisfactory. Except a temporary relief most of the drugs currently used in the treatment of such patients, do not yield any benefit in terms of cure.<sup>[5]</sup> On other hand it has been repeatedly suggested that IBS being a neurotic conditioned may be better managed with the half of limited utility of drugs and their toxicity hazards.<sup>[6]</sup> There has been interest in the development of non pharmacological methods of treatment in western modern medicine.<sup>[7]</sup>

## Material and Method

The pharmacological measure has been adopted to study the preventive effect on IBS. It has been also studies in different parameter-1. Conceptual study for the identification of an appropriate clinical correlate of IBS in Ayurveda. 2. A review of the current concept of IBS. 3. Clinical study of 15 recurrence cases of IBS as seen at OPD. 4. Clinical trial of prevention of IBS consisting of Ayurvedic drugs.

**Selection of the Patient:** Consecutive out patient who were well diagnosed and fulfilled the selection criteria and who agreed to undergo the treatment were randomly via of IBS and treated by physician previously. Specially those patients were selected for study which were recurrence after one month or two month of stopping the treatment.

### Inclusion Criteria

1. Presence of three or more of the cordinal feature of IBS namely pain abdomen, diarrhea, constipation, sense of incomplete evacuation, abdominal distention and mucus with stool.
2. Symptoms presents for a minimum period of one year.
3. Normal finding with physical examination, blood test, absence of facial blood and parasites.

### Exclusion Criteria

1. Presence of other somatic and mental disorder need T1
2. Abuse of drug or alcohol

3. Previous abdominal surgery effecting G1 tract.

### Laboratory Investigation

1. Haemogram – TLC, DLC, ESR, Hb
2. Liver Fuunction Test – Serum bilicubin, Thymol turbidity & Alkaline phosphate

**Preventive Method:** The preventive group of drug trial received conventional treatment consistency of herbal drugs namely Bilue, Aswagandha and shatpuspa. Prepared a compound powder of all drugs were in combined form in equal quantity. Aim to promote asin and prevent IBS.<sup>[8]</sup>

**Assessment Method:** Assessment of the result of trial therapy was done at two month interval for a period of six months. Somatic symptoms were rated according to specially designed. Seale including all symptoms relavent for IBS.<sup>[9]</sup> All the items were rated in four grade 0,1,2,3 and were defined by descriptive anchor.

### Symptom Grade Assessment Scale

1. Pain abdomen
  1. Moderate
  2. Mild
  3. Occasional
  4. No
2. Diarrhoea
3. Weakness
4. Mucue
5. Gaseous distention
6. Bloating
7. Loss of wt.

**Observation And Result:** They are given as under

### A. Presence of abdominal Pain after giving the Preventive drugs

Grade	Before Prevention		1 <sup>st</sup> Follow Up		2 <sup>nd</sup> Follow Up		3 <sup>rd</sup> Follow Up	
	No.	%age	No.	%age	No.	%age	No.	%age
0	4	26.64	5	33.30	7	46.62	9	59.94
1	7	46.62	7	46.62	6	39.96	6	39.96
2	4	26.64	3	19.98	2	13.32	0	0
3	0	0	0	0	0	0	0	0

Here patient showed 26.64% had no abdominal pain 46.62% shows occational and 26.64% shows mild constant abdominal pain. After follow up abdominal pain gradually decreases

upto only 39.96% patient having shows occational abdominal pain and cost of two patient shows no symptoms of abdominal pain.<sup>[10]</sup>

### B. Presence of constipation after use of Preventive measures

Grade	Before Prevention		1 <sup>st</sup> Follow Up		2 <sup>nd</sup> Follow Up		3 <sup>rd</sup> Follow Up	
	No.	%age	No.	%age	No.	%age	No.	%age
0	6	39.96	8	53.28	11	72.26	12	79.92
1	4	26.60	7	46.62	4	26.64	3	19.98
2	5	33.30	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0

Here before prevention 39.96% patients had no constipation, 26.64% had feeling of incomplete evacuation, 33.30% had hard stool manageable. After the follow up prevention symptoms of

constipation gradually decreased upto 19.98% patients had only feeling of incomplete evacuation and rest of the patients shows no symptoms of constipation.

**C. Presence of Diarrhoea after the use of Preventive drugs**

Grade	Before Prevention		1 <sup>st</sup> Follow Up		2 <sup>nd</sup> Follow Up		3 <sup>rd</sup> Follow Up	
	No.	%age	No.	%age	No.	%age	No.	%age
0	4	26.64	7	46.62	10	66.66	12	79.92
1	5	33.30	6	39.96	5	33.30	3	19.98
2	6	39.96	2	13.32	0	0	0	0
3	0	0	0	0	0	0	0	0

Here before prevention 26.64% patient had no symptoms of diarrhoea and 33.30% and 39.96% patients had 2 to 4 and 5 to 8 frequency of motion respectively. After follow up this

symptoms gradually decreases upto only 33.30% patients had 2-4 frequency have motion, rest had lost.

**D. Observation of Mucus after use of preventive measures**

Grade	Before Prevention		1 <sup>st</sup> Follow Up		2 <sup>nd</sup> Follow Up		3 <sup>rd</sup> Follow Up	
	No.	%age	No.	%age	No.	%age	No.	%age
0	2	13.32	5	33.30	8	53.28	12	79.92
1	3	19.98	6	39.96	5	33.30	3	19.98
2	4	26.64	4	26.64	2	13.32	0	0
3	6	39.96	0	0	0	0	0	0

Here before prevention 13.32% patient had no mucoid stool, 19.98%, 26.64% and 39.96% patients had occasional small amount everyday and large amount respectively. After follow up this symptoms gradually decreases upto only 19.98% patients had occasional mucoid stool rest had lost.

bowel syndrome (IBS)” So it is essential to discuss about IBS and its study with Ayurvedic point of view. IBS is considered as a multifaceted problem with its aetiology being least understood.<sup>[11]</sup> Exact cause of disease is not known and as yet there is not cure.<sup>[12]</sup> It is considered to be a functional disorder causing a great deal of discomfort and distress to the patient. In most of these patients there is no identifiable organic pathology and no single specific aetiological factor is attributable to the causation of this disease. In recent years the disease has been placed in the category of psychosomatic ailments constitution heredity, abnormal motility food, intolerance, drugs, hormones, infections, infestations, environmental and stress factors all have been considered to play some role in the aetiopathogenesis of the disease. The emerging concept of “gut brain” may help to offer classifications in better understanding and management of syndrome. IBS is most common gastrointestinal disorder that is encountered in clinical practice. It is a devastating and incurable condition that afflicts upto 20% of the world population. So, we conclude that IBS is a motor disorder consisting of altered bowel habits, abdominal pain in the absence of detectable organic pathology. Symptoms are markedly influenced by psychological factors and stressful life situations, beside personality types.

**Discussion:** At present days, medical science has developed and going to get its peak. No doubt we have developed some drugs to cure the diseases and have learned some about diseases producing process, but we have not learned maximum about our life. Ayurveda is the science which deals abroad explanation of life. The credit goes to the Ayurveda which first of all the science deals a psychosomatic approach of life. The definition of life is the based on psychosomatic basis, so it is natural that Ayurveda has a sound basis to prevent the psychosomatic disorders. The principle of body mind interaction is: Sattva (Manas) regulates the body, in other word we may say that Manas is like a master of body. With contact of Atma, Manas regulates the body (Ca. Vi. 8/119).

Various psychosomatic disorders have been mentioned in Ayurvedic classic as Kamaja Jwar. Shokaja Atisara etc. Some psychic abnormalities have been also mentioned as a symptoms of somatic disorders. So, it may be say that Ayurveda has a psychosomatic approach on disease system, Ayurveda is the science which has a concept of psychosomatic immunity. Describing the Sahaia Bala (Congenital Immunity), Charaka has mentioned “Sharira Sattvayo Bala” which indicates about psychosomatic immunity (Ca. Su. 11/36). The title of my work is “Prevention of psychosomatic disorders with special references to irritable

In above discussion we have seen no any disorders have similar sign and symptoms as described in IBS.<sup>[13]</sup> Only concept of Bhavaj and Shokaja Atisara is similar to IBS. Here it will be mark little in for correlation that, if we consider Purvaroop of Atisara described in Ayurvedic texts as sign and symptoms that will be a way for

correlation. Acharya Susruta has mentioned pain in epigastric region, umbilical region, abdominal pain constipation, abdominal distension indigestion etc as prodromal of all type of Atisara which is similar to sign and symptoms of IBS.

**Meal according to Nature of Work:** Dietetics form an important part of Ayurvedic regimen. The important proper diet in health and sickness is repeatedly stressed upon. It is directed that one should take his meals according to its constitution and nature of work. Food nourishes the body elements, vital essence and strength and make the body immune. Unnecessary fasting aggravates the vata. Vata brings weakness in body and hampered the immunity. The regular meal is an important preventive measure for psychosomatic diseases. To assess nature of work, food as per constitution, Ayurveda has postulated Astahara Vidhi Viisesayatana and Dvadasasana pravacara. Psychosomatic diseases can be prevented by observing those norms. Response of the patients to the preventive trial was assessed through clinical parameter. The response of the Ayurvedic herbal drugs Satpushpa, Bilva and Ashwagandha was found significant in abdominal pain, constipation, diarrhoea, mucoid stool gaseous distention bloating, headache and also it is found significant in weakness.

**Summary and Conclusions:** The present study entitled "Prevention of psychosomatic disorders with special references to Irritable bowel syndrome" (IBS) has been launched with the aim of undertaking a critical conceptual study on psychosomatic disorders with its preventive aspects as given in Ayurveda. Also conceptual preventive and therapeutic study on 50 patients of Irritable bowel syndrome. This work undertakes a critical study of Ayurvedic literature as well as current literature in western modern medicine.

#### Psychosomatic Approach of Ayurveda

1. It consists of critical survey of Ayurvedic literature to find out the concepts of psychosomatic diseases before the Christian era and also to find out the Ayurvedic regimen Svasthavrtta including yoga for the prevention of psychosomatic diseases.
2. The literacy study indicates that the basis cause of psychosomatic diseases is Pragyapradh (intellectual error) various type of stresses, non observance of code of

conduct, wrong eating habit and faulty style of living.

3. Study reveals that, early awakening, regular bowel habits danta dhavana, proper sleep, proper sex habits dietetics, observance of sadvrtta, suppression of unhealthy emotion practice of yoga, regular intake of Rasayana and Vajikarana as per need, have important role in prevention of psychosomatic disorders.
4. In nut shell the study reveals that Ayurvedic regimen has potency to prevent the psychosomatic diseases.
5. Observation reveal that if one overcome the Kama, Krodha, Lobha and Moha and should observe the Yama, Niyam of Astanga Yoga properly he will capable of resisting any type of psychosomatic diseases.

Thus the present study evaluates the importance of observance of preventive drugs and follow the rules of dincharya, sadvritta in prevention of psychosomatic diseases and it reveals that the risk factors can be kept under control by changing one's life style by observing the preventive measures as described in our Ayurvedic regimen.

#### References

1. Acharya V.J.T. (1984). Charak Samhita with Chakrapani Datta Commentary (Ed.) Chaukhambha Publication. Varansi.
2. Sharma P.V. (1987). Agnivesa Caraka Samhita-English Translation, Vol. 4, Chaukhambha Publication. Varansi.
3. Alexander, F. (1950). Psychosomatic Medicine, George Allen and Unwin Ltd. London.
4. Apte, V.S. (1988). The Student Sanskrit-English Dictionary, Motilal Banarsidas, Varansi.
5. Balkrishna, A.P. (1955). Manasaroga Vijnana. Baidyanath Pub., Cultcutta.
6. Bhava Misra (1999). Bhava Prakash Nighantu. Hindi Commentary (15<sup>th</sup> cent AD), K. C. Chuneker. Chaukhambha.
7. Bhisagacharya, Pt. Harisastri Paradkan Vaidya. (1982). Astanga Hrdaya. Chaukhambha Sanskrit Series Pub.
8. Boyd, W. (1985). Text book of Pathology (8<sup>th</sup> Ed). Varghese Publishing House, Bombay.
9. Dwarkanath, C. (1967). Introduction to Kayachikitsa. *J.Psychosm Res.* 11:3.
10. Engel G.L. (1967). Concept of Psychosomatic disorders. *J.Psychosm Res.* 11:3.
11. Food, M.J. (1986). The IBS, *J. Psychosomatic Research.* 30:399.
12. IBS working term report (1988). Hand book of International Congress of Gastroenterology..
13. Kumar, D. Wingate, D.L. (1985). The IBS paroxysmal motor disorder. *Lancet* 2: 973.

