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AN AYURVEDIC APPROACH TO THE MANAGEMENT OF *GRAHANI ROGA* (IBS) USING *AYUGMA TAKRABASTI* AND *BHUNIMBADI CHURNA*: A CASE REPORT

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ABSTRACT

Introduction: *Grahani Roga* is one of the common disorders of the *Annavaha Srotas* described in *Ayurveda*, primarily resulting from *Agnimandya*, which leads to impaired digestion, *Ama* formation, and derangement of *Grahani Avayava*. Clinically, its manifestations closely resemble Irritable Bowel Syndrome(IBS), a functional gastrointestinal disorder characterized by recurrent abdominal pain associated with altered bowel habits, mainly the appearance of loose stools in the absence of structural abnormalities. Contemporary management provides symptomatic relief; however, recurrence is common. Ayurveda emphasises correction of Agni by eliminating *Ama* as the principal line of treatment. *Ayugma Takrabasti*, owing to its *Deepana, Pachana, Grahi* and *Vatanulomana* properties, along with *Bhunimbadi churna*, is expected to restore the normal function of *Grahani* and provide sustained relief.

The present case describes a 38-year-old male patient presenting with frequent loose stools, associated with *Udarashoola, Urodaha, Aruchi* and *Adhmana* for a duration of 2-3 years. Based on the clinical presentation, the case was diagnosed as *Grahani Roga*, while the clinical features fulfilled the diagnostic criteria for IBS. The patient was treated with *Deepana-Pachana* following *Ayugma Takrabasti* and orally with *Bhunimbadi churna* for over 40 days. The patient was assessed before and after treatment using relevant clinical parameters, including bowel frequency, stool consistency, abdominal pain, *Adhmana, Agnimandya* and associated symptoms. Following the intervention, after one week the patient had symptomatic relief with a reduction in the frequency of loose stools, abdominal pain and improvement in bowel pattern. This case highlights the potential of an Ayurvedic therapeutic approach in the management of a chronic functional gastrointestinal disorder.

Keywords: *Ayugma Takrabasti, Bhunimbadi churna*, Gastrointestinal disorder *Grahani Roga*, Irritable Bowel Syndrome.

INTRODUCTION: *Grahani* is one of the vital functional units of the gastrointestinal system described in Ayurveda and is described as the sixth *Kala* located between

the *Amapakwashaya* and is considered the seat of *Jatharagni*.[1] It is responsible for digestion, absorption and assimilation of food. *In Charaka Samhita*, the description of *Grahani* is the organ that retains ingested food until complete digestion occurs.[2] It releases it only after proper transformation. The normal functioning of *Grahani* depends upon the integrity of *Agni*; hence, *Agni and Grahani* are interdependent. Impairment of Agni leads to improper digestion, formation of Ama, vitiation of Doshas and ultimately the manifestation of *Grahani gada*.[3].

Grahani Roga is one of the common disorders of *Annavaha Srotas*, characterized by *Muhurbadha-Muhurdrava mala Pravritti, Agnimandya, Loulya, Aruchi, Tikta-amla loha udgara*[4] and other symptoms resulting from disturbed digestion. Causative factors such as Abhojana, having food during *Ajirna, Atibhojana, Vishamana, etc* impair *Jatharagni,* resulting in *Mandagni*. Due to diminished *Pachana Shakti*, even an appropriate quantity of Ahara is not properly digested, leading to the retention of *Apakwa Ahara* in the *Amashaya*. This incompletely digested Ahara undergoes further pathological transformation and contributes to Ama formation, ultimately resulting in *Ajirna* and other disorders[5]. Since Agni is regarded as the root of life, restoration of digestive fire forms the principal objective in the management of *Grahani Roga*.[6].

Among gastrointestinal disorders, Irritable Bowel Syndrome(IBS) closely resembles *Grahani Roga* in its clinical presentation. IBS is a functional disorder characterized by recurrent abdominal pain associated with altered bowel habits with constipation and loose stools, without any structural or biochemical abnormalities. Current evidence suggests that abnormalities in the brain–gut axis, intestinal motility, gut microbiota, mucosal immunity and psychological stress contribute significantly to its pathogenesis.[7] Despite advances in medical management, available therapies primarily provide symptomatic relief, and recurrence of symptoms remains a major challenge. Ayurvedic treatment principles offer an effective approach to managing these symptoms. This article discusses a successfully managed case of *Grahani*.

Chaturbhadra kwatha.[8] is known for its *Amahara, Deepana-Pachana* and *Grahi* properties and works as *Atisaraghna*, i.e, helps in reducing frequent loose stools. *Takra prayoga* in *Grahani* is highlighted as the best *Aushadhi* in all the brahatrayee, which possesses *Deepana, Grahi & Laghu* gunas.[9]. *Charaka Samhita* explains *Takra* as *basti dravya* under *Amlaskanda*, which is one among *Shadasthapanaskanda.[10]*. *Sushruta Samhita* mentions *Takra* as *avapa dravya* in *Grahi basti*.[11]. Hence, *Takra* is given as *Basti Dravya*. Administration of medicated *Takra* through *Basti* not only improves Agni and bowel function but also helps restore the physiological balance of the colon, which is considered the principal site of *Vata*. *Bhunimbadi churna*[12] contains *Bhunimba, Katuki, Shunti, Pippali, Maricha, Musta, Indrayava, Chitraka*, and *Vatsaka*, having anti-bacterial, anti-microbial, anti-spasmodic and anti-diarrheal properties and is *kapha Vatahara*, which acts on *Grahani roga(IBS), Kamala, Pandu, Aruchi and Atisara*.[12]. Considering the increasing prevalence of IBS, its recurrent nature and

the need for effective Ayurvedic interventions, the present study was undertaken.

Patient information

Case Report:

A 38-year-old male patient, diagnosed with Irritable Bowel Syndrome(*Grahani Roga*), visited the Kayachikitsa OPD Taranath Government Ayurvedic Medical College and Hospital, Ballari Karnataka. He presented with the following complaints for the past 2-3 years

Chief complaints

1. 5-6 episodes of loose stools associated with a feeling of incomplete evacuation.
2. Abdominal pain
3. Passage of stool with mucus
4. *Urodaha* on & off,
5. Loss of appetite
6. *Alasya* and *Klama* for 6 months.

The complaints are aggravated by skipping meals, eating food untimely, and consumption of spicy and oily food.

Treatment History

For the above-mentioned complaints, the patient had consulted an Ayurvedic physician 6 months back, who advised him to take a Bactofer tablet, *Mustakarishta* and *Bilvavalehya* for 4 weeks, by which no significant changes in symptoms were noticed. So, he discontinued medications.

Clinical findings

On general examination of the patient, the general condition was fair. The patient was conscious, oriented and afebrile. Pulse rate was 82/min, blood pressure was 120/80 mmHg, and respiratory rate was 19/min. The patient was moderately built. There was no evidence of pallor/icterus/cyanosis/clubbing/lymphadenopathy/oedema.

On examination of the gastrointestinal system, the abdomen was scaphoid in shape with no visible scars, dilated veins or abnormal pulsations. On palpation, tenderness was present in the epigastric region. There was no evidence of organomegaly. Bowel sounds were 2/min. Other systemic examinations were within normal limits.

Timeline

The patient's initial visit was on April 14, 2026, in the institutional OPD. The patient's follow-up continued until May 31, 2026. Subjective parameters were analyzed before, during and after treatment. For safety measures, complete blood count (CBC), Erythrocyte sedimentation rate(ESR) and C-Reactive protein were done to rule out any inflammatory conditions

Diagnostic Assessment:

***Astavidha* Pariksha**

1. *Nadi:* 82/min
2. *Mala: Sama, Muhur-muhur dravamala*
3. *Mutra: Prakrita*
4. *Jivha: Sama lipta*
5. *Shabda: Prakrita*
6. *Sparsha: Prakrita*
7. *Drik: Prakrita*
8. *Akriti: Madhyama*

Dashavidha Pareeksha

1. *Prakruti - Vata - Pittaja*
2. *Vikruti - Pitta pradhana Tridosha*
3. *Sara - Madhyama sara*
4. *Samhanana - Asamhata*
5. *Pramana - Madhyama*
6. *Satmya - Madhura pradhana Shadrasa*
7. *Satva - Madhyama Satva*
8. *Ahara Shakti - Madhyama*
9. *Vyayama Shakti - Madhyama*

10. Vaya - Madhyama

Investigations

On April 13, 2026

1. Haemoglobin (Hb): 15.7 g%
2. Red blood cells (RBC): 5.15 million/cu3
3. Erythrocyte sedimentation rate: 10 mm/hr
4. CRP: 1.4mg/It
5. Hematocrit: 48.4%

Assessment of IBS

IBS was assessed by ROME IV criteria and Manning's criteria before and after treatment, as given in the table.1

Table 1. Assessment of ROME IV CRITERIA before treatment.

Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following criteria.	**Criteria satisfied by the patient**
1. Related to defecation	Present
2. Associated with a change in the frequency of stool	Present
3. Associated with a change in the form (appearance) of stool	Present

Table 2. Assessment of Manning Criteria before treatment.

Manning Criteria	**Criteria satisfied by the patient**
Looser Stools at pain onset	Present
More frequent stools at pain onset	Present
Pain relief with defecation	Present
Visible abdominal distension	Present
Mucus per rectum	Present
Feeling of incomplete evacuation	Present

The case was diagnosed as *Grahani roga* based on the presence of symptoms explained in our classics. The case was diagnosed as Irritable Bowel Syndrome (Diarrhoea-predominant) using Rome IV Criteria as well as Manning's criteria[13], and both *Grahani roga* as well as IBS-D had some sort of similarities in the symptomatology manifested. Hence, the line of treatment explained in *Grahani* was adopted.

Therapeutic Intervention

Equal parts of *Bhunimba, Katuki, Shunti, Pippali, Maricha, Musta*, and *Indrayava*, 2 parts of purified *Chitraka* and 9 parts of the bark of *Vatsaka* were taken. Ingredients were weighed separately, mixed and then passed through sieve number 44 to form a homogeneous blend, which was then stored in an airtight container.

The patient received *Deepana-Pachana* with *Chaturbhadra Kwatha,* which has been selected as it has strong *Deepana-Pachana* drugs which acts on *Ama*

pachana, as he presented with *Sama mala*, *Alasya* and *Klama* (30 mL mixed with 30 mL of water, twice daily) for 5 days to bring *Niramavastha,* then followed by *Ayugma Takrabasti*[14] for 7 days. Thereafter, the patient received *Bhunimbadi churna* 6gms (twice daily before food) with *Guda* mixed with *Sheeta ambu* as *Anupana*[12] for 30 days, and the timeline is shown in Table No.3

Table 3. Intervention with timeline

Days	Treatment	Duration
April 15-April 19/2026	*Deepana-Pachana* with *Chaturbhadra kwatha* made with equal parts of *Guduchi, Musta, Shunti, Ativisha*	5 days
April 20-April 26/2026	The treatment planned here was *Ayugma basti* for a period of 7 days. *Niruha basti* was given as *Takra basti*, which was followed by Shamana aushadhi for a period of 1 month and the patient was advised lifestyle as well as dietary modifications. ***Ayugma Takrabasti*** Madhu- 50 ml Saindhava *lavana* – 10gm *Shunti ghrita* – 50ml *Amalaki churna* – 20gm *Takra* – 350ml	7 days in the morning
April 27-May 26/2026	*Bhunimbadi churna* 6gms before food twice a day (morning and evening) with *Guda* and *Sheeta Jala*	30 days

Follow-up and Outcomes

Table no. 4 Assessment of Subjective Parameters

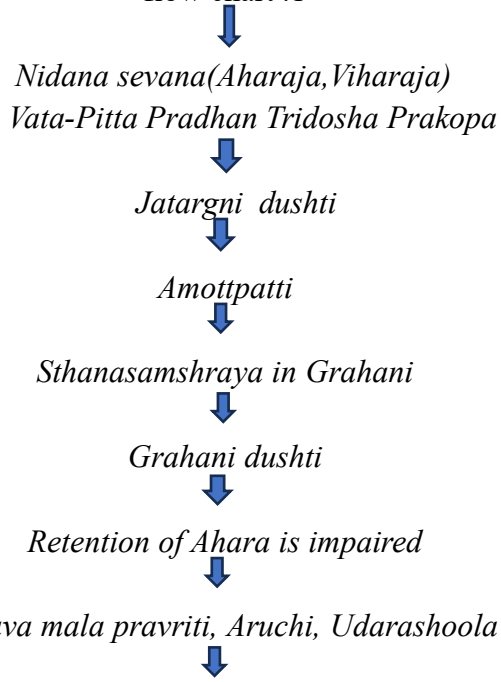
Symptoms	Before Treatment	During treatment After *Takrabasti*	After treatment
Frequency of defecation	5-6 times/day	2-3 times/day	1-2times/day
Defecation after meal	Daily	occasionally	Absent
Aruchi	Present	Absent	Absent
Stool with mucus	Present	Absent	Absent
Pain per abdomen	Present	occasionally	Very rarely
Feeling of incomplete evacuation	Present	Absent	Absent

Significant improvement was observed in the patient's symptoms following treatment, with further improvement in the majority of symptoms after completing one month of follow-up medication.

DISCUSSION

The treatment protocol was planned on the basis of the Ayurvedic understanding that *Agni* impairment is central to the *Samprapti* of *Grahani Roga.* In the present case, it can be understood through a flow chart.

flow chart .1



Vitiated *Vata,* particularly *Apana Vata*, contributes to abnormal intestinal motility and frequent bowel evacuation, while Pitta involvement contributes to the tendency towards loose stools and disturbed digestion. Ultimately resulting in the clinical manifestation of *Grahani Roga.* The treatment was planned according to the individual components of *Samprapti*. Hence, *Ayugma Takrabasti* was employed particularly to address the *Vata dosha* and regulate *Apana Vata*, thereby helping to normalize bowel motility and evacuation. *Takra* also supports *Agni* and *Grahani* function when appropriately administered. Thus, the combined treatment acted at different stages of the disease process. *Bhunimbadi Churna,* owing to its *Tikta-Katu* predominance with Deepana, *Pachana* and *Grahi* properties, was intended to further improve impaired digestion, reduce *Ama* and correct the altered *Mala Pravritti,* resulting in *Samprapti-vighatana* and restoration of normal *Grahani* function

In this context, *Deepana-Pachana* therapy assumes particular importance, as *Deepana* is intended to enhance the impaired *Agni*, while *Pachana* facilitates the appropriate processing of incompletely digested material, resulting in complete evacuation

of mala, which can be the main cause for tenderness and abdominal discomfort.

Chaturbhadra kwatha: *Musta,* with its *Deepana, Pachana, Grahi*, and *Sangrahika* properties, helps reduce frequent loose stools and improve bowel consistency. *Guduchi*, through its *Deepana, Rasayana, Balya, and Tridoshahara* actions, helps reduce intestinal inflammation, support mucosal health, and restore *Grahani* function. *Ativisha* possesses *Deepana, Pachana, Grahi, Atisaraghna*, and *Krimighna* properties, contributing to reduced bowel frequency and improved gut function. *Shunti*, with its *Deepana, Pachana, Vatanulomana*, and *Shoolahara* actions, helps regulate intestinal motility, relieve spasms, bloating, and abdominal pain. The combined actions of these drugs may therefore address the major pathological components of IBS, including altered motility, inflammation, excessive stool frequency, and dysbiosis. After 5 days of *Deepana–Pachana* therapy with *Chaturbhadra Kwatha,* improvement was observed in the patient's clinical features. *Agnimandya* and *Aruchi* were reduced, appetite improved, and the frequency and consistency of bowel movements showed mild improvement. *Udara Shoola* also reduced, indicating improvement in Agni and reduction of *Ama*. The overall improvement suggested that the initial stage of treatment successfully addressed the *Ama* and *Agni Dushti* components of the disease, thereby preparing the patient for subsequent treatment.

Bhunimbadi churna*: Bhunimba* and *Katuki,* owing to their *Tikta Rasa*, help in correcting *Pitta dushti*, improving digestion, and eliminating *Sama Pitta*. Their anti-inflammatory and hepatoprotective actions further support gastrointestinal health. *Trikatu* and *Chitraka* act as potent *Deepana-Pachana* drugs, enhancing *Jatharagni*, digesting *Ama*, and relieving *Adhmana* and *Atopa* by improving digestive secretions and intestinal motility. *Kutaja, Indrayava*, and *Musta* provide *Sangrahi, Krimighna, Deepana, Pachana*, and *Grahi* actions, thereby regulating bowel motility, reducing excessive intestinal secretions, and maintaining intestinal stability. Their antimicrobial and antispasmodic properties may further help in correcting intestinal dysbiosis and relieving bowel irregularities. *Guda* and *Sheeta Jala* as *Anupana*, help pacify *Pitta* and *Vata*, provide a soothing effect on the gastrointestinal mucosa, and improve the palatability and tolerability of the formulation. Thus, the combined action may have helped correct *Mandagni* and *Ama*, regulate bowel frequency and consistency, relieve abdominal symptoms, and improve digestion and assimilation in *Grahani roga*.

***Takrabasti*:** In this patient, the procedure was selected considering the clinical predominance of *Agni Dushti*, frequent *Drava Mala Pravṛtti* and *Vata–Apana* involvement. Other Panchakarma procedures were not selected because the clinical presentation did not indicate the need for strong systemic *Shodhana* such as *Vamana* or *Virechana* at the time of intervention. The principal therapeutic requirement in this patient was correction of *Agni*, regulation of abnormal bowel function and management of the *Vata–Apana* component. *Takrabasti* offered a combination of these therapeutic objectives through the properties of *Takra* and the route of *Basti* administration. Although

Takra possesses *Amla rasa* and *Ushna virya* and should therefore be used cautiously in *Pitta-pradhana* conditions, its therapeutic application is not an absolute contraindication. In the present case, *Takrabasti* was selected considering the associated *Agnimandy*a, *Grahani* dysfunction and *Tridoshic* involvement, particularly its *Deepana*, *Pachana* and *Grahi* actions. The preparation and administration were suitably modified according to the patient's Dosha and clinical condition. The reason for selection of *Ayugma Takrabasti* can be explained in the context of *Basti sankhya* given in Charaka.Siddhi 1/25. For *Pitta vikara*, 5 or 7 odd no. of Basti can be given as per the text.

Takra Basti acts directly on *Pakwashaya*, the principal site of *Vata*, thereby regulating *Apana* and *Samana Vata* and supporting normal intestinal motility, absorption and digestion. From a modern perspective, its administration may influence the enteric nervous system and gut–brain axis, helping regulate altered motility and visceral hypersensitivity associated with IBS-D, including abdominal pain and bloating.

The classical components of *Basti*, particularly *Madhu* and *Saindhava*, facilitate dispersion and delivery of the formulation, while the *Kalka* and *Kwatha* drugs contribute to Dosha-pacifying and anti-inflammatory effects. As *Takra* is administered directly into the colon, its nutrients, organic acids and other bioactive constituents come into contact with the colonic mucosa, potentially supporting local intestinal function. The fermented nature of *Takra* also supports gut microbial balance, with beneficial metabolites such as short-chain fatty acids contributing to mucosal integrity, water absorption, and the regulation of intestinal inflammation.

Additionally, the mechanical stimulation produced by *Basti* may activate colonic stretch receptors and promote physiological evacuation. Thus, *Takra Basti* can provide a multidimensional therapeutic effect through *Vata* regulation, modulation of gut motility and gut–brain signaling, support of microbial balance, improvement of colonic absorption, and restoration of intestinal function, thereby addressing the major pathological components of *Grahani*/IBS-D.

Overall, the treatment protocol represents an integrated Ayurvedic approach in which *Deepana-Pachana*, *Agni* restoration, *Vata* regulation and *Grahi* action are addressed simultaneously. The therapeutic rationale therefore extends beyond symptomatic reduction of frequent stool passage and aims at correcting the functional disturbance of *Agni* underlying *Grahani Roga*. After 7 days of *Ayugma Takrabasti*, *Samyak Yoga Lakshana* were evident in the form of proper *Mala* and *Mutra Pravṛtti*, *Anulomana* of *Vata*, improvement in *Agni*, *Laghuta* of the body and improvement in the normal functioning of *Grahani*. The patient showed reduction in *Muhurmuhu Mala Pravṛtti* and improvement in consistency. Thus, the observed features suggested proper *Basti Yoga* and *Samprapti-vighatana*, particularly through regulation of *Apana Vata* and improvement of *Agni* and *Grahani* function.

CONCLUSION

The present study demonstrated significant improvement in the presenting complaints of *Grahani* following the administration of the planned treatment protocol along with appropriate *Shamana Aushadhi*. Further

improvement in the majority of symptoms was observed after one month of follow-up medication. The observed clinical outcome suggests the potential effectiveness of this treatment approach in the management of *Grahani*.

However, the study was limited by the assessment of routine laboratory parameters without evaluation of specific biomarkers such as faecal calprotectin, inflammatory cytokines, intestinal permeability markers, or gut microbiota profiles, which could have provided further objective evidence regarding intestinal inflammation and the proposed mechanism of action. Further studies incorporating these biomarkers along with larger sample sizes and longer follow-up are warranted.

Another Limitation, the patient was followed for a limited duration, making it difficult to assess the long-term sustainability of the therapeutic response and the possibility of recurrence. Further, the findings should be considered preliminary and require validation through larger sample sizes, controlled clinical studies, and longer follow-up periods to establish the efficacy and safety of the intervention and to standardize the treatment protocol for wider clinical application.

Informed consent: The patient gave informed consent for both the treatment and the publication of the case report.

Patient perspective : I am highly satisfied with the given treatment. My bowels have improved vastly, establishing normal stools with a reduction in Abdominal pain. I feel more active, hungry and have better sleep than earlier. Overall, my well-being has improved with a healthy lifestyle.

REFERENCES

1. Sushruta. Sushruta Samhita, Uttara Tantra, Atisarapratishedaniya Adhyaya, 40/169. Nibandha Sangraha commentary by Dalhanacharya and Nyaya Chandrika commentary by Gayadasacharya. Takral KK, translator. Reprint edition. Varanasi: Chaukhambha Orientalia; 2019. Vol. 3;335.
2. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Vimana Sthana, Trividhakukshiya Adhyaya, 2/18. Tripathi B, editor. Charaka-Chandrika Hindi commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019. Vol. 1;674.
3. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana, *Grahani* Chikitsa Adhyaya, 15/41. Tripathi B, editor. Charaka-Chandrika Hindi commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019. Vol. 2;559.
4. Sushruta. Sushruta Samhita, Uttara Tantra, Atisarapratishedaniya Adhyaya, 40/169. Nibandha Sangraha commentary by Dalhanacharya and Nyaya Chandrika commentary by Gayadasacharya. Takral KK, translator. Reprint edition. Varanasi: Chaukhambha Orientalia; 2019. Vol. 3;335.
5. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana, *Grahani* Chikitsa Adhyaya, 15/42-44. Tripathi B, editor. Charaka-Chandrika Hindi commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019. Vol. 2;559.
6. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana, *Grahani* Chikitsa Adhyaya, 15/4. Tripathi B, editor. Charaka-Chandrika Hindi commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019. Vol. 2;550.
7. Harrison Loscalzo J, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Longo DL, editors. Harrison's Principles of

Internal Medicine. 21st edition. Vol. 1. New York: McGraw-Hill; 2022.pg no-2490-2491

8. Govinda Dasji Bhisagratna, Bhaishajayaratnavali, commented upon by Vaidyashree Ambika dutta shastri English translation by Dr. kanji lochan published by chaukambha shastri Bhagwan Varanasi 1st edition 2006 chapter -8/12,pg.no-477

9. Acharya Agnivesha, Charaka Samhita annotated by Charaka and redacted by Dridhabala with the Ayurveda Deepika commentary of Chakrapani datta, by Prof. Banwari Lal Gaur edited by Dr. Manoj Nesari and Prof. Vaidya V.V Prasad published by Rashtriya Ayurveda Vidyapeeth 2021 Chkitsa sthana -15/117-120, pg.no-843

10. Acharya Agnivesha, Charaka Samhita annotated by Charaka and redacted by Dridhabala with the Ayurveda Deepika commentary of Chakrapani Datta, by Prof. Banwari Lal Gaur edited by Dr Manoj Nesari and Prof. Vaidya V.V Prasad published by Rashtriya Ayurveda Vidyapeeth 2021, Vimana sthana-8/140, pg.no-552

11. Acharya Sushruta, Sushruta Samhita. Nibandhasamgraha commentary by Dalhanacharya on Chikitsa Stana - 38/87, pg. no. 377

12. Acharya Agnivesha, Caraka Samhita annotated by Caraka and redacted by Dridhabala with the Ayurveda Deepika commentary of Chakrapani datta, by Prof. Banwari Lal Gaur edited by Dr. Manoj Nesari and Prof. Vaidya V.V Prasad published by Rashtriya Ayurveda Vidyapeeth 2021, Chikitsa Stana -15/133, Pg.no.847

13. Shrivastava Yogita, Avadhesh Kumar, Shailendra Kumar Singh. Ayurvedic Review of *Grahani* w.s.r to IBS. World Journal of Pharmaceutical and Medical Research. 2021, 7(4), 138-143

14. Acharya Agnivesha, Charaka Samhita annotated by Charaka and redacted by Dridhabala with the Ayurveda Deepika commentary of Chakrapani Datta, by Prof. Banwari Lal Gaur edited by Dr Manoj Nesari and Prof. Vaidya V.V Prasad published by Rashtriya Ayurveda Vidyapeeth 2021, Sidhi sthana-1/25, Vol 2, pg. no. 1165.

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