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## Case studies of irritable bowel syndrome & It's management with unani medicine

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### Abstract

Irritable Bowel Syndrome is a functional disorder of the Gut and clinically defined illness. It is called Irritable Bowel Syndrome because there is no precise objective disorder that doctor can identify, rather a group of symptoms or complaints characterized most commonly by cramping, abdominal pain, bloating constipation and diarrhea.

Four Bowel patterns seen with IBS. These patterns include irritable Bowel Syndrome-D (Diarrhea predominant), Irritable Bowel Syndrome-C (Constipation predominant), and Irritable Bowel Syndrome-M (Mixed Diarrhea and Constipation). In this present study, only Diarrhea Predominant & Constipation Predominant cases were included.

Bowel Symptoms: This study shows higher number of cases with incomplete evacuation i.e. 82.5%, bloating 77.5% and constipation 65%. Lower number of cases with urgency i.e. 37.5%, Diarrhea 35%, Passage of mucus 30% and staining 15%.

This study shows that response of treatment is higher in constipation predominant patient and lower in diarrhea predominant patient.

Irritable Bowel Syndrome was recognized in the early nineteenth century. Although Unani classical text does not give a particular name for this syndrome. As this is a syndrome and not a disease. Unani philosopher's and physicians have already described most of the symptoms of the syndrome under various headings in disease of Gastro Intestinal Tract such as Ishaal-e-Dimaghee, Ishal-e-edwari, Zarb-wa-khulpha due to various causes Asbi Dast, Ghair Tbaee balgham, Ghair Tabayee, Safra, Nazli, Zof-eamaa-vo-meda, defect in harkat-e-dudia of intestine, increased function of Aurukh-e-Jazeeba, disturbances of Asbab-e-sath-e-zarooriya and Qaulanj of different causes.

**Keywords:** Irritable bowel syndrome, diarrhea predominant, constipation predominant

### Introduction

The epidemiological studies reveal that the incidence is markedly different among countries. In western countries, women are 2-3 times more likely to develop Irritable Bowel Syndrome than men, although males represent 70-80% of patients with Irritable Bowel Syndrome in the Indian subcontinent. Irritable Bowel Syndrome is highly prevalent in industrialized countries due to the day-to-day stress, luxurious life and the food they eat.

IBS is a syndrome and not a disease. According to modern concept, there is no specific cause for this disease but Unani Philosopher's and Physicians have already described most of the symptoms of this syndrome as diseases of Gastrointestinal Tract in their treatises.

Following are the causes for the symptoms of this syndrome as a specific disease which has been described by Unani Philosopher's and Physicians.

### Causes of Diarrhea predominant IBS

- 1. Ishaal-e-Dimaghee:** If the diarrhea is due to stress and strain upon the brain or due to weakness of brain it is known as Ishaal-e-Dimaghee. During this condition there is an excessive production of water in the brain which neither absorbs in the brain nor transmitted through any pathway then its few amount is forwarded to the nose and the rest to the scalp. The amount, which is sent to the scalp, is again redistributed to lungs and Gastrointestinal Tract. Now the waste present in the Gastrointestinal Tract reduces the Quwath of intestine, changes its temperament and demolish the digestive process, which results in Diarrhea. This abnormal digestion may be due to Ghair Tabayee Hararat or Ghair Tabayee Ruthubat.
- 2. Ishaal-e-Adwari:** The cause of diarrhea in this condition is due to loss of Quwath-e-Tammah in Gastrointestinal Tract because of that intestine cannot perform its functions fully.

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This results in deposition of chymes and the intestine tries to eliminate it as effect diarrhea occurs. The chyme keep on depositing and eliminating from the body.

3. **Zarb-wa-khulpha:** Diarrhea in this disease is due to weak Quwath-e-maasika and strong Quwath-e-Dafiyah. Multiple causes are there behind this disease.
  - *Soo-e-mizaj – Barid Rathab.*
  - *Malasat-wa-zahaq*
  - *Ghair-Tabayee-safra*
  - *Humuze*
  - *Nazli*
  - *Ghizayi*
  - *Zof-e-jegar khilat-e-injezab*
4. **Asbi Dast (Nervous Diarrhea):** Due to any disturbances in nervous system the intestinal motility increases result in diarrhea. E.g. sorrow, happiness, distress, trouble, pleasure etc. this type of diarrhea is very common in females. In this type of diarrhea enteric nervous system of intestine which is under control of central nervous system becomes so much sensitive that even mild changes in eating and drinking habits can exaturate the diarrhea.
5. **Ghair Tabayee Balgham:** if excessive accumulation of Balgham is there in intestine diarrhea with Mucorrhea occurs.
6. **Ghair Tabayee Safra:** Accumulation of safra in the intestine occurs when the safra is more than the normal range in the body.
7. **Nazli:** As Nazla itself is Fasid, if it is present in the intestine it makes the food particles also fasid and results in diarrhea. The cause of Nazla is Soo-e-mizaj-sard ya Garm Demaghee.
8. **Zof-e-amaa-vo meda:** In diarrhea predominant IBS Quwath-e-maasika becomes weak due to any cause and results in diarrhea.

### Causes of constipation predominant IBS

In this disease, Quwath-e-Dafiyah becomes weak especially of Amaai Mustakhee or due to any of this cause, the feces retain in the intestine for a longer time. The causes are multifactorial.

### Defect in the Harkate Dudiya (Peristaltic movement) of intestine:

This usually occurs in the persons who have more mental pressure in their profession. Therefore, the concentration of nervous systems is more upon the brain for their functions and less towards the intestine results in reduced peristaltic movements, decreased digestion, decreased Quwath-e-Dafiyah and ultimately constipation occurs. Defect in the Harkate Dudiya of intestine also occurs due to weak enteric nervous system.

1. Increased function of Uruk-e-Jazeba causes excessive absorption of fluid from the intestine, which results in sudda. The production of Safra is not upto the mark in this condition.
2. Asbab-e-Sath-e-zarooriya are the causes for maintenance of health which are six factors and they are
  - *Hawa*
  - *Mashrubath-wa-Makulaat*
  - *Harkat-wa-sukun-e-badani*
  - *Harkat-e-sukun-e-nafsani*

- *Nawm-wa-bedaar*
- *Ahtebaz-wa-istefraq*

If any disturbances occur in Asbab-e-Sath-e-zarooriya it will cause disease. In related disease following are the disturbances in factors of Asbab-e-Sath-e-zarooriya plays an important role.

According to Mashrubath-wa-Makulaat, low intake of water, drinks with caffeine, such as coffee, tea, colas, eating large meals, oily foods, zarda, hukkas, gutka or consumption of sakheel aqzeeya, khushk ghizaaye ashya and tursh ashya may worsen the constipation.

According to Harkat-wa-sukoon-e-badani and nafsaan, patients with dull, lazy nature, reduced mental and physical activity in their life cause constipation by increasing absorption of gut and decreasing the Quwath-e-Dafiyah.

According to Ahtebaz-wa-istefraq: Ahtebaz-e-ghair zaruria is occurring in constipation, and Istefraq-e-ghair zaruria is occurring in diarrhea.

### Abdominal Pain/Discomfort in IBS (Qaulanj)

It usually occurs in constipation predominant IBS and very rare in diarrhea predominant IBS.

Drinking carbonated beverages, such as sodas, may result in gas and cause discomfort, chewing and eating too quickly can lead to swallowing air, which leads to gas, ultimately Qaulanj.

### Clinical Features of Irritable Bowel Syndrome

Abdominal pain, bloating, and discomfort are the main symptoms of IBS. However, symptoms can vary from person to person. Some people have constipation, which means hard, difficult-to-pass or infrequent bowel movements. Often these people report straining and cramping when trying to have a bowel movement but cannot eliminate any stool, or they are able to eliminate only a small amount. If they are able to have a bowel movement, there may be mucus in it, which is a fluid that moistens and protect passages in the digestive system. Some people with IBS experience diarrhea, which is frequent, loose, watery, stools. People with diarrhea frequently feel an urgent and uncontrollable need to have a bowel movement. Other people with IBS alternate between constipation and diarrhea. Sometimes people find that their symptoms subside for a few months and then return, while others report a constant worsening of symptoms over time.

The range of symptoms relating to IBS it's relatively broad, but the main symptom is usually abdominal pain or discomfort associated with changes in bowel habits in the absence of any apparent structural abnormality. The pain is commonly relieved by defecating or modulated by other triggers of gut motility. There is generally no pain when patients are asleep. Symptoms usually start in young adulthood.

IBS remains a clinically defined illness. Manning and associates established 6 criteria to distinguish IBS from organic bowel disease. Although historically important these criteria are insensitive 58%, nonspecific 74%, and less reliable in men.

The manning criteria to distinguish IBS from organic disease are as follows:

1. Onset of pain associated with more frequent bowel movements
2. Onset of pain associated with looser bowel movements

3. Pain relieved by defecation.
4. Visible abdominal bloating.
5. Subjective sensation of incomplete evacuation more than 25% of the time.
6. Mucorrhea more than 25% of the time.

More recently, a consensus panel created and then updated the Rome criteria to provide a standardized diagnosis for research and clinical practice.

The Rome III criteria (2006) for the diagnosis of IBS require that patients must have recurrent abdominal pain or discomfort at least 3 days per month during the previous 3 months that is associated with 2 or more of the following.

1. Relieved by defecation
2. Onset associated with a change in stool frequency.
3. Onset associated with a changed in stool form or appearance.

#### **Supporting symptoms include in the following**

1. Altered stool frequency.
2. Altered stool form.
3. Altered stool passage (straining and/or urgency or feeling of incomplete evacuation)
4. Mucorrhea.
5. Abdominal bloating or subjective distention.

Four bowel patterns may be seen with IBS. These patterns include IBS-D (diarrhea predominant), IBS-C (constipation predominant), IBS-M (mixed diarrhea and constipation), and IBS-A (alternating diarrhea and constipation).

#### **Symptoms consistent with IBS include the following Colonic and Intestinal symptoms**

1. Altered bowel habits
  - Constipation variably results in complaints of hard stools of narrow caliber, painful or infrequent defecation, and intractability to laxatives.
  - Diarrhea usually is described as small volumes of loose stool, with evacuation preceded by urgency or frequent defecation.
  - Postprandial urgency is common.
  - Alternating habits are common. Characteristically one feature predominates in a single patient, but significant variability exists among patients.
2. Abdominal Pain
  - Descriptions are protean. Pain frequently is diffuse without radiation. Common sites of pain included the lower abdomen, specifically the left lower quadrant.
  - Acute episodes of sharp pain are often superimposed on a more constant dull ache.
  - Meals may precipitate pain, and defecation commonly improves pain. Defecation may not fully relieve pain.
  - Pain from presumed gas pockets in the splenic flexure may masquerade as anterior chest pain or left upper quadrant abdominal pain. This splenic flexure syndrome is demonstrable by balloon inflation in the splenic flexure and should be considered in the differential of chest or left upper quadrant abdominal pain.
3. Abdominal distention
  - Patients frequently report increased amounts of bloating and gas. Quantitative measurements fail to

support this claim.

- People with IBS may manifest increasing abdominal circumference throughout the day, as assessed by CT scan. They may also demonstrate intolerance to otherwise normal amounts of abdominal distention.
- Clear or White Mucorrhea of a noninflammatory etiology is commonly reported.

#### **Management of Irritable Bowel Syndrome**

Management of Irritable Bowel Syndrome differs from person to person. Every person has their own Mizaj (temperament), eating and living habits are different. Therefore, the management of Irritable Bowel Syndrome by means of Unani medicines and Unani method of treatment have the following principles.

#### **Proper Diagnosis**

Irritable Bowel Syndrome is clinically diagnosed. If proper history taken and physical examination done no specific investigations are required, further rather than routine investigations.

First, determine the Mizaj of the patient and tries to find out the exact Unani etiopathogenesis behind that with help of complaints of the patient, it's aggravating factors, it's relieving factors, it's associated factors, eating and drinking habits, life style, family history, psychological history, occupation history, financial status, sleep, addictions and habits.

Second, diagnose the type of Irritable Bowel Syndrome he/she suffering from that is, is it diarrhea predominant Irritable Bowel Syndrome (Irritable Bowel Syndrome-D), Constipation predominant Irritable Bowel Syndrome (Irritable Bowel Syndrome-C) or alternating Diarrhea and constipation (Irritable Bowel Syndrome-A) and then manage according to the type of Irritable Bowel Syndrome that patient has.

The Doctor must identify the predominant complaints and then treatment can begin.

#### **Patient-Physician relationship/Patient Education**

It is very important to establish a good patient-doctor relationship because this is a chronic disorder with symptoms that can be very frustrating. Both the patient and doctor need to feel confident about the diagnosis, and then form a treatment strategy

Careful explanation of Irritable Bowel Syndrome with its non-fatal nature is very important to maintain a good patient-doctor relationship. It is important for patients to be involved in their own care. They should recognize the relationship between their symptoms, stress and other factors, like eating certain foods. If patient can gain insight into their symptoms and then report it to their doctor, they can work together changing these contributing factors.

#### **Patient Education**

1. Patient education remains the cornerstone of successful treatment.
2. Teach the patient to acknowledge stressors and to develop avoidance techniques.
3. Successfully management relies on a strong patient-physician relationship.
4. Reassure the patient that the absence of an organic pathology indicates a normal life expectancy.

5. Emphasize the expected chronicity of symptoms with periodic exacerbations.
6. Teach the patient to acknowledge stressor and to use avoidance techniques.

### **Ilaj-bil-ghiza (Dietotherapy)**

According to Unani method of treatment, modification of diet with quality and quantity according to Mizaj of patient or according to patient's agenda is very much necessary in Irritable Bowel Syndrome. For many people careful eating reduces Irritable Bowel Syndrome.

Avoid ghiza-e-lateef kaseer-ul-taghzeya radde-ul-kaimoos, khushk ghiza-e-ashya, tursh ashya and sakheel aqzeeya.

Food and beverages to be avoided or minimized include red meat, oily or fatty and fried products, and milk products.

Judicious intake in patients who predominantly experience constipation is recommended.

Drinking six to eight glasses of plain water a day is important, especially if you have diarrhea.

Caffeine avoidance may limit anxiety and symptom exacerbation. In many cases, dietary fiber may lessen Irritable Bowel Syndrome symptoms, particularly constipation. Whole grain breads and cereals, fruits, and vegetables are good source of fiber. High-fiber diet keeps the colon mildly distended, which may help prevent spasms. Some forms of fiber keep water in the stool, thereby preventing hard stools that are difficult to pass.

### **Ilaj-bil-advia (Pharmacotherapy)**

Unani medicines have many herbs, which can improve the functions of

Gastrointestinal tract. The Unani pharmacotherapy is based on correction of abnormal Mizaj and providing Quwath to Gastrointestinal tract to perform its normal function.

Following are the actions of drugs used in the management of Irritable Bowel Syndrome according to their type of predominance,

- Muqawiyath-e-meda-vo-amaa
- Hazimath
- Oqabisath
- Mullayinath
- Kaseer-e-riyah
- Magz

In this management Group-“A” medicine given to constipation predominant Irritable Bowel Syndrome and Group-“B” medicine given to diarrhea predominant Irritable Bowel Syndrome and if patient comes with alternating diarrhea and constipation which is very rare, a combination of Group-“A” and Group-“B” given.

### **Ilaj-bil-Tadbeer**

Ilaj-bil-Tadbeer is essential in Irritable Bowel Syndrome along with Ilaj-bil-gheeza and Ilaj-bil-advia. In people with Irritable Bowel Syndrome, the colon can be overly responsive to even slightly conflict or stress. Stress makes the mind more aware of the sensation that arises in the colon, making the person perceive these sensations as unpleasant.

Ilaj-bil-Tadbeer used for the management of Irritable Bowel Syndrome includes stress management through moderate exercise, yoga, asana, meditation, etc. management options include

- Stress reduction (relaxation) training and relaxation

therapies such as meditation.

- Counselling and support
- Regular exercise such as walking and yoga
- Changes to the stressful situations in your life
- Adequate sleep
- Drinking 6-8 glasses of plain water per day is important. High fiber diet keeps the colon mildly distended, which may help prevent spasms. Whole grain breads, cereals, fruits and vegetables are good source of fibre.

### **Drugs Selected for Clinical Trial**

Unani Medicine possesses many drugs, which can improve Gastro Intestinal actions were included functions. In the present study the drugs chosen for the research have the following

- Kasir-e-riyah (Antiflatulant)
- Qabisath (Astringent) - specially acting on colon & rectum
- Mulayyanath (Laxative Action)
- Muqawwiyyath-e-Meda-wa-Ama
- Muqawwiyyath-e-Aza-e-Raisa
- Antistress (acting on Aza-e-Raisa specially brain)
- Maqs (Anti Spasmodic)
- Munavvim

After the study of drugs possessing the above functions a list of single drugs were prepared. From this list of drugs, 10 single drugs were selected. Few drugs are included in Diarrhea predominant Irritable Bowel Syndrome according to their action responding and others are included in Constipation Predominant Irritable Bowel Syndrome according to the necessary actions.

Drugs belonging to Constipation Predominant Irritable Bowel Syndrome is placed in Group - A & Drugs belonging to Diarrhea Predominant Irritable Bowel Syndrome is placed in Group - B.

### **Group – A Unani Medicines**

- Badiyan (Foeniculum vulgare) – 5 Gms
- Sount (Zingiber Officinale, Roscoe) – 1 Gms
- Zeera Sufaid (cuminum cyminum, linn) – 3 Gms
- Gul-e-Surkh (Rosa damascene, Mill) – 5 Gms
- Barg-e-Banfshan (Viola odorata) – 5 Gms
- Suboos-e-Isabgol (Plantago Oveta, Forsk) – 5 Gms

### **Group – B Unani Medicines**

- Khash Khash (Papaver somniferum) – 1 Gms
- Barg-e-Pudina (Mentha arvensis) – 3 Gms
- Amla-e-khushk (Emlica Officinalis) – 3 Gms
- Murabbai Belgiri (Aegle Marmelos) – 10 Gms

As irritable bowel syndrome is a functional disorder and hence it is crucial to exclude organic diseases before the diagnosis of Irritable Bowel Syndrome is seriously entertained. Once the diagnosis is established, a successful patient physician relationship is key to successful outcome. Reassurance and education are important and should take place an early on.

My present dissertation on hypothetical ground shows that this treatment proves the excellent action of drugs of both groups. Hence 52.5% were cured & 37.5 were relieved. The survey of literature and response of treatment in this clinical trial revealed some points and it is concluded that.

- The reviewed literature made obvious that historical aspect including both classical and modern literature is very much enriched with subject of Irritable Bowel Syndrome
  - The result obtained by the therapeutic use of group A and group B formulated Unani drugs for clinical evaluation of Irritable Bowel Syndrome. 40 patients were selected and divided into constipation predominant irritable bowel syndrome & diarrhea predominant irritable bowel syndrome and subjected to therapeutic use of Group A & B drugs out of that 21 patients were cured and 15 patients were relieved in the time period of 1\_3 months which shows the excellent action of the drugs in both the types of irritable bowel syndrome.
  - It was seen that highest number of patients showed response to the treatment of Group-A in constipation predominant irritable bowel syndrome.
  - The response may improve if duration of treatment is increased.
  - More facilities are provided to investigate the patients.
  - The dosage regime may be recommended.
  - The combinations of the formulation with respect to proportion or ingredients are modified to enhance the efficacy of treatment. The Balgami Mizaj people are very prone to irritable bowel syndrome but they show an excellent result when using Unani medicines for the treatment of irritable bowel syndrome.
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Irritable Bowel Syndrome is not fatal nor is it lined to the development of other serious bowel diseases and is chronic relapsing disorder.

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