



Case Report

Integrative Ayurvedic Management of *Grahani Roga* Using *Kapithadi Peya* and *Takrarista*: A Case Report

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Abstract

Background: *Grahani Roga* is an important gastrointestinal disorder described in Ayurveda, characterized by *agnimandya*, altered bowel habits, abdominal pain, bloating, and anorexia. In this case, the condition was managed using classical Ayurvedic formulations along with diet and lifestyle regulation. Case presentation: A 35-year-old female presented with abdominal pain, bloating, alternating stool consistency, loss of appetite, and fatigue for four to six months. The symptoms had partially improved with prior allopathic treatment but recurred after discontinuation. Clinical assessment was consistent with *Grahani Roga*. Intervention: The patient was treated with *Kapithadi Peya* and *Takrarista* for 30 days, along with appropriate *pathya* and *viharaja* advice. The regimen was selected for its *deepana*, *pachana*, *grahi*, and *vatanulomana* actions. Outcome: Progressive improvement was observed by the second week, and by the end of treatment, the patient had complete relief from abdominal pain, bloating, appetite disturbance, and fatigue. No recurrence was noted during 30 days of follow-up. Conclusion: This case suggests that classical Ayurvedic management with *Kapithadi Peya* and *Takrarista*, supported by suitable diet and lifestyle measures, may be effective in *Grahani Roga*. Further controlled studies are needed to validate these findings.

Keywords: *Grahani Roga*, IBS, *Kapithadi Peya*, *Takrarista*, *Swastha Vritta*, Ayurvedic gastroenterology, *Agni*, *Ama*, *Gut microbiota*, Functional bowel disorders

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Introduction

The human gastrointestinal system plays a crucial role in maintaining overall health by ensuring proper digestion, absorption, and assimilation of nutrients. Any malfunction in this system may result in disorders, among which *Grahani Roga* is one of the most frequently discussed conditions in Ayurvedic literature. *Grahani roga* is primarily a disorder of *Agni* (digestive fire) and is characterized by altered bowel habits, indigestion, bloating, and abdominal pain. It closely correlates with Irritable Bowel Syndrome (IBS) in modern medicine, a chronic functional that affects approximately 10-15% of the global population, and having a higher prevalence among females.(1)

Grahani is considered the seat of *Agni*, and its dysfunction leads to improper digestion and accumulation of *Ama* (toxins).The

primary etiological factors include improper dietary habits, irregular eating patterns, excessive consumption of spicy, fried, or processed foods, and high levels of mental stress. Additionally, sedentary lifestyles and lack of physical activity exacerbate the condition, leading to persistent gastrointestinal distress. (2)

Despite the availability of pharmacological treatments in conventional medicine, IBS remains a challenging disorder due to its recurrent nature and limited long-term efficacy of synthetic drugs. This highlights the necessity for an integrative approach to managing the condition. Ayurveda, with its emphasis on balancing *Agni* and detoxifying the digestive tract, offers a promising alternative for IBS treatment.(3) The combination of *Kapithadi Peya* and *Takrarista* is known for its potent *deepana* (digestive stimulant), *pachana* (metabolism enhancer), and *grahi* (absorbent) properties, which help regulate bowel function and restore gut health. (4)

Kapithadi Peya, a medicated gruel, is specifically formulated to improve digestion and enhance nutrient absorption. It contains *kapitha* (*Limonia acidissima*) and *bilva* (*Aegle marmelos*), both of which have strong astringent and carminative properties that aid in gut stabilization.(5) *Takrarista*, a fermented buttermilk preparation enriched with *ajamoda* (*Carum copticum*), *maricha*

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(*Piper nigrum*), and *amalaki* (*Embllica officinalis*), acts as a natural probiotic, restoring the gut microbiome and improving digestion.(4)

This case study aims to assess the clinical effectiveness of *Kapithadi Peya* and *Takrarista* in managing *Grahani* (Irritable Bowel Syndrome). By analyzing the symptomatic relief experienced by the patient, this study seeks to contribute valuable insights into the role of Ayurveda in treating chronic digestive disorders. The findings may provide a foundation for future large-scale studies to establish standardized Ayurvedic treatment protocols for IBS and other functional gastrointestinal diseases.

Case Report

A 35-year-old married female patient visited the outpatient department of Shree Jagadguru Gavi Siddheshwar Ayurvedic Medical College and Hospital, Koppal, Karnataka, on 30 October 2022. She presented with complaints of abdominal pain (*udarashoola*), alternating loose and hard stools (*muhurdrava muhurbaddha mala pravritti*), abdominal distension (*adhmana*), loss of appetite (*arochaka*), and fatigue (*klama*) for the past 4–6 months.

History of Present Illness

The patient was apparently healthy 6 months before consultation. Gradually, she developed abdominal pain, abdominal distension, irregular bowel habits, loss of appetite, and fatigue. The bowel pattern was characterized by alternating episodes of loose stool and hard stool. The symptoms were aggravated by irregular food habits, intake of heavy and spicy food, and mental stress.

The patient had taken allopathic medicine Rifagut 550 and colospa X for approximately 1–2 months, which gave temporary symptomatic relief. However, the symptoms recurred after discontinuation of the medication. Therefore, the patient approached the Ayurvedic outpatient department for further management.

Past History

There was no history of diabetes mellitus, hypertension, chronic systemic illness, major surgery, or known drug allergy.

Personal History

The patient was a student by occupation was married and belonged to a moderate socioeconomic background. Her appetite was reduced, bowel habits were irregular, micturition was normal, and sleep was adequate. No history of tobacco, alcohol, or other substance use was reported.

General Examination

On general examination, the patient was conscious, oriented, and afebrile. Her blood pressure was 120/70 mmHg and pulse rate was 69 beats per minute. Height was 165 cm and weight was 62 kg. No pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema was observed.

Systemic examination

Central nervous system examination showed that the patient was conscious and well oriented. Cardiovascular examination revealed normal heart sounds. Respiratory examination showed bilateral normal air entry with no added sounds. On abdominal examination, mild distension and tenderness were noted.

Pathophysiology (*Samprapti*)

In this case, the patient's irregular food habits, intake of heavy and spicy food, and mental stress appear to have gradually disturbed *Agni* (digestive fire). This resulted in (weak digestion (*agnimandya*), improper digestion of food, and formation of *ama* (undigested toxic metabolic residue), ultimately affecting the normal function of *Grahani* (the site responsible for digestion and assimilation). Clinical features such as loss of appetite (*arochaka*), abdominal distension (*adhmana*), heaviness, and fatigue (*klama*) further supported the presence of impaired digestion and *Ama* formation. (6,7,8)

The patient's main complaints were abdominal pain (*udarashoola*), alternating loose and hard stools (*muhurdrava muhurbaddha mala pravritti*), abdominal distension (*adhmana*), loss of appetite (*arochaka*), and fatigue (*klama*). These features are consistent with the classical presentation of *Grahani Roga*. The alternating bowel pattern suggested involvement of *vata dosha*, while reduced appetite, heaviness, and fatigue indicated associated *kapha dosha* involvement along with *Ama*.

There was no definite history of acute diarrhoea (*atisara*) before the onset of symptoms; therefore, the case was considered mainly as *Nidana*-induced *Grahani Roga*. Conditions such as diarrhoea (*atisara*), dysentery-like condition (*pravahika*), and acid-peptic disorder (*amlapitta*) were considered as differential diagnoses. However, these were ruled out due to the absence of persistent watery stools, mucus in stool, tenesmus, burning sensation, sour belching, and acid regurgitation. Based on the history, clinical presentation, and Ayurvedic assessment, the case was diagnosed as *Grahani Roga*.

Assessment criteria

As the case was diagnosed primarily as *Grahani Roga* on the basis of Ayurvedic clinical features, assessment was done through the chief presenting complaints of the patient. The symptoms assessed were abdominal pain (*udarashoola*), alternating loose and hard stools (*muhurdrava muhurbaddha mala pravritti*), abdominal distension (*adhmana*), loss of appetite (*arochaka*), and fatigue (*klama*). Each symptom was graded from 0 to 3 according to severity.

Objective clinical parameters such as pulse rate, blood pressure, weight, appetite, bowel frequency, abdominal distension, and abdominal tenderness were observed during the course of treatment. As the study was designed as an Ayurvedic case report on *Grahani Roga*, specific IBS-based assessment tools were not used as primary outcome measures.

Table 1: Symptom-wise grading criteria

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Udarashoola (Abdominal pain)	No pain	Occasional pain	3-4 days/ week	5-6 days/ week
Muhurdrava - Muhurbaddha Mala Pravritti (Altered stool consistency)	Normal stool consistency	Irregular consistency after meals, 3-4 times/ day, with or without pain	Irregular consistency, 5-6 times/ day, with or without pain, mentally disturbed	Irregular consistency, more than 6 times/day, with pain, mentally disturbed

Adhmana (Abdominal distension)	No complaints	Occasional, once a week	Distension after meals, lasting up to 1 hour, 3- 4 days/week	Distension after meals, lasting 1- 3 hours, 5-6 days/week
Arochaka (Loss of appetite)	Normal diet with interest	Reduced amount of diet with interest	Normal diet without interest, unable to finish regular amount daily	No interest in any amount of food
Klama (Fatigue)	No exhaustion	Exhaustion with moderate work	Exhaustion with mild work	Exhaustion without effort

Intervention and Treatment

The patient was treated on an outpatient basis for a total duration of 30 days. The treatment protocol consisted of *Kapitthadi Peya* and *Takrarishta* along with appropriate dietary and lifestyle modifications.

Kapitthadi Peya, mentioned in *Chakradatta (Grahani Chikitsa 4/3)*, and *Takrarishta*, described in *Charaka Samhita (Grahani Chikitsa 15/120–121)*, were selected because of their *Deepana* (digestive stimulant), *Pachana* (digestive and metabolic corrective), *Grahi* (absorbent), and gut-stabilizing properties.

The patient was administered the following Ayurvedic formulations:

1. ***Kapitthadi Peya*** — a medicated gruel containing fruits of *Kapittha* (*Limonia acidissima* L.), *Bilva* (*Aegle marmelos* (L.) Corr.), *Dadima* (*Punica granatum* L.), whole plant of *Changeri* (*Oxalis corniculata* L.), and *Takra* (buttermilk). The formulation is traditionally indicated in disorders associated with impaired digestion and irregular bowel habits due to its *Deepana*, *Pachana*, and *Grahi* actions. (9)
2. ***Takrarishta*** — a fermented buttermilk-based preparation containing fruits of *Ajamoda* (*Trachyspermum roxburghianum* DC.), *Maricha* (*Piper nigrum* L.), *Amalaki* (*Phyllanthus emblica* L.), *Haritaki* (*Terminalia chebula* Retz.), and *Panchalavana* (combination of five salts). Owing to its fermented nature and digestive ingredients, it helps improve bowel regularity and supports digestive function. (10)

Both formulations were administered continuously for 30 days.

Dosage and Duration

Table 2: Dosage Schedule

Sl. No.	Formulation	Dosage	Time of Administration	Anupana	Duration
1	<i>Kapitthadi Peya</i>	100 g	Twice daily before meals	Taken as dietary preparation (<i>Pathya</i>)	30 days
2	<i>Takrarishta</i>	24 mL	Twice daily after meals	Equal quantity of water	30 days

Diet and lifestyle recommendations

Dietary and lifestyle advice was given as supportive management to improve *Agni* (digestive fire), regulate bowel habits, and avoid recurrence.

Recommended Diet and Regimen (*Pathya*)

The patient was advised to take freshly prepared, warm, light, and easily digestible food (*Laghu, Ushna, Supachya Ahara*) at regular meal timings. Rice gruel, warm meals and cooked vegetables were advised as they help in improving digestive fire (*Agni*) and stabilizing bowel function.

Buttermilk (*Takra*) was included because of its *Deepana* (digestive stimulant), *Pachana* (digestive corrective), and *Grahi* (absorbent) properties in *Grahani Roga*. (11)

Lifestyle advice included regular sleep, avoidance of daytime sleep, avoidance of late-night waking (*Ratri Jagarana*), and avoidance of suppression of natural urges (*Vega Dharana*). The patient was advised to perform mild yoga practices such as *Vajrasana* and *Pavanamuktasana* for 30 minutes daily. *Vajrasana* was advised after meals to support digestion, while *Pavanamuktasana* was advised to help relieve abdominal gas and distension. (12,13) Meditation and 'OM' chanting were advised for stress reduction, as mental stress was one of the aggravating factors in this case. (14)

Diet and Regimen to be Avoided (*Apathya*)

The patient was advised to avoid oily, fried, excessively spicy, heavy, stale, refrigerated, and processed food, along with ice cream, cold drinks, irregular meals, overeating, late-night waking (*Ratri Jagarana*), suppression of natural urges (*Vega Dharana*), and eating before proper digestion of the previous meal (*Ajirna Bhojana*).

Table 3: Study Timeline

Study phase	Date	Details
Baseline assessment	30 October 2022	Patient visited OPD with complaints of abdominal pain, altered bowel habits, abdominal distension, loss of appetite, and fatigue. Clinical assessment and symptom grading were done before starting treatment.
Intervention started	30 October 2022	<i>Kapitthadi Peya</i> and <i>Takrarishta</i> were started along with dietary and lifestyle advice.
Mid-treatment assessment	14 November 2022	Symptoms were reassessed after 15 days of treatment.
Completion of treatment	29 November 2022	Treatment was completed after 30 days. Post-treatment symptom grading was recorded.
Follow-up assessment	30 December 2022	Follow-up was done 30 days after completion of treatment to assess recurrence or persistence of symptoms.

The ingredients and *rasapanchaka* of *Kapitthadi Peya* are mentioned here:

Role of Kapithadi Peya (9)

Kapithadi Peya is a nourishing herbal preparation known for its *Deepana-Pachana* (digestive stimulant), *Grahi* (absorbent), and

Vatanulomana (regulating wind movement) effects. It is particularly useful in conditions characterized by erratic digestion and bowel irregularities.

Table 4: Ingredients of Kapithadi Peya

Ingredient	Scientific Name	Rasa (Taste)	Guna (Property)	Virya (Potency)	Vipaka (Post-Digestive Effect)	Karma (Action)
<i>Kapitha</i>	<i>Limonia acidissima</i> L.	Sour (<i>Amla</i>)	Light (<i>Laghu</i>), Dry (<i>Ruksha</i>)	Heating (<i>Ushna</i>)	Sweet (<i>Madhura</i>)	Digestive stimulant (<i>Deepana</i>), Absorbptive (<i>Grahi</i>)
<i>Bilwa</i>	<i>Aegle marmelos</i> (L.) Corr.	Bitter (<i>Tikta</i>), Astringent (<i>Kashaya</i>)	Light (<i>Laghu</i>), Dry (<i>Ruksha</i>)	Heating (<i>Ushna</i>)	Pungent (<i>Katu</i>)	Enhances digestion (<i>Agni Deepaka</i>), Pacifies <i>Vata</i> and <i>Kapha</i> (<i>Vata-Kapha Nashaka</i>)
<i>Dadima</i>	<i>Punica granatum</i> L.	Sweet (<i>Madhura</i>), Sour (<i>Amla</i>)	Light (<i>Laghu</i>), Unctuous (<i>Snigdha</i>)	Heating (<i>Ushna</i>)	Sweet (<i>Madhura</i>)	Astringent (<i>Sangrahi</i>), Appetite stimulant (<i>Ruchikara</i>)
<i>Changeri</i>	<i>Oxalis corniculata</i> L.	Sour (<i>Amla</i>)	Light (<i>Laghu</i>), Dry (<i>Ruksha</i>)	Heating (<i>Ushna</i>)	Pungent (<i>Katu</i>)	Wound healing (<i>Vranaropaka</i>), Digestive (<i>Pachana</i>)
<i>Takra</i>	Buttermilk	Sour (<i>Amla</i>), Astringent (<i>kashaya</i>)	Light (<i>Laghu</i>), Dry (<i>ruksha</i>).	Heating (<i>Ushna</i>)	Sour (<i>Amla</i>)	Supports digestion (<i>Deepana</i>), Treats <i>Grahani</i> disorder (<i>Grahani Hara</i>)

The ingredients and *rasapanchaka* of *Takrarista* are mentioned as following

Takrarista is a fermented buttermilk based formulation enriched with digestive herbs. It is widely recommended for managing *Grahani*, diarrhea (*atisara*) and digestive insufficiency (*Agnimandya*). (10)

Table 5: Ingredients of Takrarista

Ingredient	Scientific Name	Rasa (Taste)	Guna (Property)	Virya (Potency)	Vipaka (Post-Digestive Effect)	Karma (Action)
Takra (Buttermilk)	—	Sour (<i>Amla</i>)	Light (<i>Laghu</i>)	Heating (<i>Ushna</i>)	Sour (<i>Amla</i>)	Supports digestion (<i>Deepana</i>), Treats <i>Grahani</i> disorder (<i>Grahani Hara</i>)
Ajamoda (Carum Seeds)	<i>Trachyspermum roxburghianum</i> DC.),	Pungent (<i>Katu</i>)	Light (<i>Laghu</i>), Sharp (<i>Tikshna</i>)	Heating (<i>Ushna</i>)	Pungent (<i>Katu</i>)	Enhances digestive fire (<i>Agni Deepaka</i>)
Maricha (Black Pepper)	<i>Piper nigrum</i>	Pungent (<i>Katu</i>)	Light (<i>Laghu</i>), Sharp (<i>Tikshna</i>)	Heating (<i>Ushna</i>)	Pungent (<i>Katu</i>)	Reduces <i>Kapha</i> (<i>Kaphahara</i>), Aids digestion (<i>Pachana</i>)
Panchalavana (Five Salts Mix)	—	Salty (<i>Lavana</i>)	Light (<i>Laghu</i>), Sharp (<i>Tikshna</i>)	Heating (<i>Ushna</i>)	Pungent (<i>Katu</i>)	Balances <i>Vata</i> (<i>Vatanulomaka</i>)
Amlaki	<i>Emblica officinalis</i> .	Sour Predominant (<i>Amla Pradhana</i>), <i>pancha rasa</i> , except <i>lavana</i> (five <i>rasa</i> except salt)	Heaviness (<i>guru</i>), Cold (<i>sheeta</i>).	Cold (<i>Sita</i>).	Sweet (<i>Madhura</i>)	Balances three <i>dosas</i> (<i>Tridosha hara</i>), <i>vayasthapana</i> , <i>rasayana</i> , <i>caksusya</i> , <i>vrasya</i> .
Haritaki	<i>Terminalia chebula</i> .	Five <i>rasa</i> except salt (<i>Pancha rasa</i> , <i>lavana varjitha</i> .)	Light (<i>Laghu</i>), Dry (<i>Rooksha</i>).	Heating (<i>Ushna</i>)	Sweet (<i>Madhura</i>)	<i>Vranya</i> , <i>Ushna</i> , <i>Sara</i> , <i>Medhya</i> , <i>Doshaghna</i> , <i>Shothanut</i> , <i>Kushthanut</i> , <i>Deepana</i> , <i>Chakshushya</i> , <i>Rasayana</i>

Observations and Results

The effectiveness of the treatment was assessed using a symptom severity grading scale ranging from 0 (absence of symptoms) to 3 (severe symptoms). The evaluation was based on critical parameters, including abdominal pain, changes in bowel habits, bloating, loss of taste, and fatigue.

Table 6: Observations and results

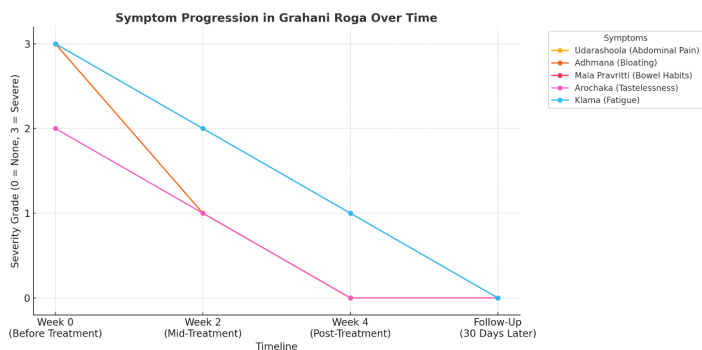
Symptom	Week 0 (Before Treatment) (30th Oct 2022)	Week 2 (Mid-Treatment) (14th Nov 2022)	Week 4 (Post-Treatment) (29th Nov 2022)	Follow-Up (30 Days Later) (30 th)	Remarks
Udarashoola (Abdominal Pain)	Grade 3	Grade 1	Grade 0	Grade 0	Resolved by Week 4; no recurrence at follow-up
Adhmana (Bloating)	Grade 3	Grade 1	Grade 0	Grade 0	Resolved completely; indicative of improved <i>Agni</i> and gut tone
Mala Pravritti (Altered Bowel Habits)	Grade 3	Grade 2	Grade 1	Grade 0	Progressive normalization; bowel
Arochaka (Tastelessness)	Grade 2	Grade 1	Grade 0	Grade 0	Appetite fully restored; <i>Agni</i> recovered
Klama (Fatigue)	Grade 3	Grade 2	Grade 1	Grade 0	Energy levels normalized; <i>ojas</i> likely

The effectiveness of the treatment was systematically evaluated at four critical intervals: prior to initiation, midway through therapy (two weeks post-administration), upon completion (four weeks after commencement) and after 30 days after completion of treatment for follow up.

The patient showed progressive improvement:

- **Week 0 (Before Treatment):** The patient exhibited severe symptoms, with the highest severity scores (Grade 3) for abdominal pain, bloating, altered bowel habits, and fatigue, while tastelessness was at Grade 2.
- **Week 2 (Mid-Treatment):** A marked reduction in symptom severity was observed, particularly in abdominal pain and bloating, which improved to Grade 1. Altered bowel habits and fatigue showed moderate improvement, while tastelessness reduced to Grade 1.
- **Week 4 (After Treatment)** By the end of the treatment period, abdominal pain and bloating were completely resolved (Grade 0). Altered bowel habits and fatigue showed further improvement but were still present at a mild level (Grade 1). Tastelessness was completely alleviated.
- **Follow-Up (After 30 Days):** No symptom recurrence after medication withdrawal, confirming long-term digestive stability.

Figure 1: Graphical representation of the Observations



Here is the visual timeline chart showing the progressive reduction in symptom severity for *Grahani Roga* over the treatment and follow-up period. Each symptom—*Udarashoola*,

Adhmana, *Mala Pravritti*, *Arochaka*, and *Klama*—demonstrates steady improvement, culminating in complete resolution by the follow-up phase.

Periodic assessments at weekly intervals confirmed consistent progress in digestion and gut function. By the end of the treatment course, restoration of digestive fire and gut balance was evident. Furthermore, the absence of symptom recurrence after gradual discontinuation of medications validated the long-term effectiveness of *Kapitthadi Peya* and *Takrarista* in managing *Grahani*. This reinforces their therapeutic potential as a holistic approach for improving digestive health.

Discussion

Grahani Roga is one of the most clinically significant gastrointestinal disorders described in Ayurvedic literature. It arises primarily from *Agnimandya* (hypofunction of digestive fire), leading to *Ama* formation, doshic imbalance, and *kostha vishamata* (bowel irregularity). The patient in this case exhibited classical signs of *Grahani*—*udarashoola*, *adhmana*, *muhurdrava muhurbaddha mala pravritti*, *arochaka*, and *klama*—closely corresponding with modern diagnostic criteria for Irritable Bowel Syndrome (IBS), a functional bowel disorder without identifiable structural pathology (1,2).

Modern medicine primarily addresses IBS through dietary modifications, antispasmodics, antidepressants, and probiotics. However, these interventions often lack long-term efficacy and fail to treat the underlying dysfunction of the gut–brain axis and microbial environment. Ayurveda offers a more comprehensive view—treating the *nidana* (cause), *samprapti* (pathogenesis), and *upadrava* (complications)—through diet, lifestyle, and *ausadhis* that restore *Agni*, detoxify the gut, and harmonize mind–body function (3).

In this case, the use of *Kapitthadi Peya* and *Takrarishta* proved highly effective (6–8). Symptom scores showed a downward trend from week 2, with complete remission by week 4 and no recurrence at 30-day follow-up.

***Kapitthadi Peya* (9):** *Kapitthadi Peya* is a medicated gruel formulation composed of herbs with digestive properties. The

astringent and digestive properties of *Kapithadi Peya*, particularly due to *bilva* and *dadima*, help pacify erratic bowel habits commonly associated with *Grahani Roga*. It has gut-protective properties, stabilizes the digestive system, and enhances assimilation. This preparation is traditionally utilized for its *Deepana* (enhancing digestive fire), *Pachana* (assisting in the digestion of *Ama*), *Grahi* (absorbent action beneficial for regulating bowel movements), and *Vatanulomana* (supporting the normal downward movement of *Vata dosha*) effects. It is especially effective in managing symptoms such as irregular digestion, bloating, and alternating bowel habits, which are hallmark features of *Grahani Roga* (15)

Takrarishta (10): *Takrarishta* is a classical fermented formulation based on buttermilk and infused with potent digestive herbs. It is traditionally prescribed in the treatment of *Grahani Roga*, *Atisara* (diarrheal conditions), and *Agnimandya*. The fermentation process enhances the bioavailability of its herbal constituents, acts as a natural probiotic, making it effective in improving gut microbiome diversity and strengthening the intestinal mucosa, stimulating *Agni*, and restoring gut flora. Its regular use is considered helpful for patients with chronic indigestion and irritable bowel-type symptoms. The synergy of these formulations ensures effective bowel regulation, alleviates bloating, and enhances the overall function of *Agni*. (16)

Notably, the incorporation of *Swastha Vritta*-based interventions such as yoga, pranayama, and mindful eating may have contributed to the modulation of the enteric nervous system and the hypothalamic–pituitary–adrenal (HPA) axis, further supporting clinical recovery. Mindfulness practices and ‘OM’ chanting aid in stress reduction, a key trigger of *Grahani* (IBS). Integrating these techniques with appropriate dietary and lifestyle modifications enhances therapeutic efficacy, offering a holistic approach to digestive health. These practices are known to activate the parasympathetic nervous system, reduce systemic inflammation, and enhance gastrointestinal perfusion and peristalsis. Hence, this case exemplifies the effectiveness of a classical Ayurvedic approach in a chronic and relapsing disorder like IBS, providing an evidence-backed model for integrative gastroenterology.

Probable mode of action

The probable mode of action of *Kapithadi Peya* and *Takrarishta* may be understood through their digestive stimulant (*Deepana*), digestive corrective (*Pachana*), absorbent (*Grahi*), and *Vata*-regulating actions. Ingredients such as *Bilva*, *Kapitha*, and *Ajamoda* may help enhance digestive activity, correct weak digestive fire (*Agnimandya*), and prevent further formation of undigested metabolic residue (*Ama*). (17)

The absorbent (*Grahi*) action of *Bilva* and *Dadima* present in *Kapithadi Peya* may help reduce excessive bowel motility, improve stool consistency, and support nutrient absorption. These ingredients also help regulate *Vata*, which is commonly disturbed in *Grahani Roga* and is responsible for irregular bowel movement, abdominal pain, and bloating. (18)

Takrarishta, being a fermented buttermilk-based preparation, may support a favourable gut environment and help maintain microbial balance. Its digestive ingredients, especially *Maricha* and *Ajamoda*, having pungent taste (*Katu Rasa*) and hot potency (*Ushna Virya*), support digestion of *Ama* (*Ama Pachana*) and help reduce abdominal heaviness, distension, and impaired digestion. (19)

The supportive use of yoga, *Pranayama*, meditation, and ‘OM’ chanting may further assist by reducing stress and improving gut–

brain axis regulation. This may positively influence bowel motility, pain perception, and overall digestive stability. Thus, the combined intervention may act by improving *Agni*, digesting *Ama*, regulating *Vata*, stabilizing bowel habits, and restoring the functional strength of *Grahani*. (20)

Conclusion

The integrative use of *Kapithadi Peya* and *Takrarishta* in this case of *Grahani Roga* led to complete clinical remission, marked by resolution of abdominal pain, bowel irregularities, bloating, and loss of appetite. The formulations demonstrated classical *deepana*, *pachana*, *grahi*, and *vatanulomana* properties, contributing to the restoration of *Agni* and gastrointestinal stability. The absence of symptom recurrence at follow-up supports their sustained efficacy and highlights the therapeutic potential of Ayurvedic dietary formulations in the long-term management of functional gastrointestinal disorders.

Future scope of the study: Future studies should prioritize large-scale clinical trials to evaluate the effectiveness of *Kapithadi Peya* and *Takrarista* across diverse population groups. Comparative studies with conventional treatments could provide insights into their long-term benefits. Additionally, investigating the role of gut microbiota modulation in Ayurveda-based IBS management can enhance integrative treatment strategies.

Declaration of patient consent: The authors confirm that the patient provided informed consent for participation in this study and the publication of relevant clinical details, ensuring confidentiality and privacy were upheld.

Ethical approval: This case study involved routine Ayurvedic management and did not include any experimental procedures; therefore, formal approval from the Institutional Ethics Committee was not required. The case was managed in accordance with the ethical principles of the Declaration of Helsinki.

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Conflict of Interest: The authors declare no conflicts of interest related to this publication.

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