

Original Research Article

Investigating *rahu* (North lunar node) placement in the sixth house of the natal horoscope with special reference to irritable bowel syndrome: an exploratory case control study

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Received: 25 July 2026

Revised: 26 September 2026

Accepted: 28 September 2026

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ABSTRACT

Background: Irritable bowel syndrome (IBS) is a common, multifactorial disorder of gut-brain interaction. In *Jyotisha* (Vedic astrology), the sixth house (*Shashtha Bhava*) is traditionally linked to disease, and placement of *Rahu* (North Lunar Node) in this house is hypothesised to influence disease susceptibility. This exploratory case-control study evaluated whether *Rahu's* placement in the sixth house is significantly associated with Rome IV-confirmed IBS.

Methods: This case-control study was conducted in an institutional outpatient department from December 2025 to March 2026, enrolling 176 participants (88 Rome IV-confirmed IBS cases and 88 healthy controls). Natal horoscopes were generated using validated AstroSage software from documented birth details and independently verified by a qualified astrologer for presence of *Rahu* in the sixth house. Association with IBS status was analysed using the Pearson chi-square test, and OR with 95% CI was calculated by the Woolf (logit) method.

Results: *Rahu* was identified in the sixth house in 76.1% of cases compared with 15.9% of controls ($\chi^2=64.25$, $df=1$, $p<0.001$; exact $p=1.10 \times 10^{-15}$), yielding an OR of 16.86 (95% CI: 7.94–35.80). Sex distribution did not differ significantly between groups ($p=0.543$).

Conclusions: A statistically significant, strong association was found between *Rahu's* placement in the sixth house and Rome IV-confirmed IBS, lending preliminary support to the *Graha Chikitsa* hypothesis. As an exploratory observational study, this cannot be interpreted as causal; multicentre validation adjusting for biological, dietary, and psychosocial confounders is warranted before clinical application.

Keywords: Irritable bowel syndrome, *Graha Chikitsa*, *Rahu*, Medical astrology, Case-control study, Ayurveda

INTRODUCTION

Irritable bowel syndrome (IBS) is a chronic disorder of gut-brain interaction characterised by recurrent abdominal pain associated with altered bowel habits in the absence of identifiable structural or biochemical abnormality.¹ Its pathogenesis is multifactorial and incompletely understood, involving dysregulation of the brain-gut axis, visceral hypersensitivity, altered gastrointestinal motility,

low-grade mucosal immune activation, and psychosocial stress, without a single unifying aetiological model. By virtue of its chronicity and relapsing course, IBS imposes a substantial burden on individual quality of life and on healthcare resource utilisation worldwide.²

Epidemiologically, IBS ranks among the most prevalent functional gastrointestinal disorders. A systematic review and meta-analysis applying the Rome IV diagnostic

criteria across 34 countries reported a pooled global prevalence of 3.8% (95% CI: 3.1-4.5), compared with a substantially higher pooled prevalence of 9.2% when the less restrictive Rome III criteria were applied.³ Within India, a community-based study from the northern region employing Rome III criteria reported a prevalence of approximately 4%, though reported figures vary considerably across regions, populations, and diagnostic instruments used.⁴ This variability notwithstanding, the consistently high prevalence of IBS, together with its substantial impact on quality of life and health systems, establishes it as a major and persistent public health concern warranting continued aetiological inquiry.

Within *Jyotisha* (Vedic astrology), the sixth house (*Shashtha Bhava*) of the natal horoscope is classically held to govern disease, debility, and the gastrointestinal tract, and the placement of *Rahu* (the North Lunar Node) within this house has traditionally been associated with chronic functional bowel disturbance.⁵ Despite the long-standing currency of this proposition within traditional medical-astrological literature, it has not, to date, been subjected to formal epidemiological evaluation employing standardised diagnostic criteria. This case-control study was therefore undertaken with the specific objective of evaluating, in a Rome IV-diagnosed clinical population, whether the placement of *Rahu* in the sixth house of the natal horoscope is significantly associated with a confirmed diagnosis of IBS, using validated horoscope-generation software with independent astrological verification.

METHODS

Study design

This was a hospital-based observational case-control study conducted from December 2025 to March 2026.

Study setting

Cases were enrolled from the outpatient department (OPD) of a tertiary care Ayurveda institute, Delhi. Controls were recruited from healthy volunteers attending the same institutional setting.

Participants

Case group

Patients diagnosed with irritable bowel syndrome according to Rome IV diagnostic criteria in the OPD setting were enrolled as cases, in accordance with the inclusion and exclusion criteria below.

Control group

Healthy individuals without symptoms of IBS or any gastrointestinal disorder were recruited as controls.

Inclusion and exclusion criteria

Cases

Cases were recruited from the institutional outpatient department and included adult participants of either sex who fulfilled the Rome IV diagnostic criteria for IBS, were willing to provide informed consent, and had complete and accurately documented birth details (date, time, and place of birth) necessary for horoscope generation. Patients with organic gastrointestinal disease (e.g., inflammatory bowel disease, coeliac disease and colorectal malignancy) prior gastrointestinal surgery, uncontrolled systemic illness, psychiatric illness requiring active treatment, or incomplete/unavailable birth details were excluded from the case group.

Controls

Controls were age and sex-comparable healthy individuals, recruited from the same institutional OPD setting or accompanying attendants, who did not meet Rome IV criteria for IBS, reported no chronic gastrointestinal symptoms, and possessed complete and accurately documented birth details.

Individuals with a personal or family history of organic gastrointestinal disease, chronic systemic illness, psychiatric disorders, unwillingness to provide informed consent, or incomplete birth details were excluded from the control group.

Variables

Outcome variable

The primary outcome was the presence or absence of IBS. Patients diagnosed by Rome IV criteria constituted the case group, and healthy individuals without IBS constituted the control group.

Exposure variable

The primary exposure variable was the presence or absence of *Rahu* in the sixth house of the horoscope. Horoscope analysis was performed using the birth date, place, and time of both case and control participants.

Potential confounders

Accuracy of birth details, particularly birth time, was identified as a key potential confounder; this was addressed during enrolment by selecting only participants with accurately documented birth details.

Diagnostic criteria

Diagnosis of IBS was established using Rome IV diagnostic criteria.

Data sources and measurement

Data were collected using a case record form completed through participant interview. Diagnosis of IBS was established using Rome IV diagnostic criteria as the primary dependent variable. The primary exposure variable, presence of *Rahu* in the sixth house, was determined using AstroSage software after preparation of the birth chart, and was independently verified by a qualified astrologer for both groups.

Study size

A pragmatic sample size was adopted, as this was an exploratory case-control study investigating a novel hypothesis without prior documented research using an appropriate research methodology. A total of 176 participants were enrolled, comprising 88 cases and 88 controls in a 1:1 ratio.

Statistical analysis

Rahu in the sixth house was strongly and significantly associated with IBS (OR=16.86, 95% CI: 7.94-35.80; $\chi^2=64.25$, $p<0.001$) as summarised in Table 2.

RESULTS

Baseline characteristics of study participants

A total of 176 participants were enrolled in the study, comprising 88 patients diagnosed with IBS (cases) and 88 healthy individuals (controls). Sex distribution between the case and control groups was comparable, with no statistically significant difference ($\chi^2=0.37$, $df=1$, $p=0.543$). Baseline characteristics of the study participants are summarised in Table 1.

Distribution of *Rahu* in the sixth house: comparison between cases and controls

The astrological exposure of interest was the presence of *Rahu* in the sixth house of the horoscope. Horoscope evaluation showed that *Rahu* in the sixth house was present in 67 of 88 cases (76.1%) compared with 14 of 88 controls (15.9%). Conversely, *Rahu* was absent in 21 cases (23.9%) and in 74 controls (84.1%), as summarised in Table 1.

Table 1: Baseline characteristics of cases and controls, and distribution of *Rahu* in the sixth house (n=88).

Characteristics	Cases (n=88)	Controls (n=88)	χ^2	p value
Sex			0.37	0.543
Female	36 (40.9%)	40 (45.5%)	—	—
Male	52 (59.1%)	48 (54.5%)	—	—
<i>Rahu</i> in 6th House			64.25	< 0.001
Present	67 (76.1%)	14 (15.9%)	—	—
Absent	21 (23.9%)	74 (84.1%)	—	—

Table 2: Summary of statistical analysis: *Rahu* in the sixth house and IBS.

Statistical parameters	Value	Interpretation
Pearson Chi-square (χ^2)	64.25 (df=1)	Significant
p value	< 0.001 (1.10×10^{-15})	Highly significant
Odds Ratio (OR)	16.86	Strong positive association
95% Confidence Interval	7.94-35.80	CI does not include 1.0

DISCUSSION

This case-control study demonstrates a statistically robust association between the astrological placement of *Rahu* in the sixth house of the natal horoscope and a Rome IV-confirmed diagnosis of IBS. The prevalence of *Rahu* in the sixth house was substantially higher among IBS cases (76.1%) than among healthy controls (15.9%), yielding a Pearson chi-square statistic of 64.25 ($df=1$, $p<0.001$; exact $p=1.10 \times 10^{-15}$) and an OR of 16.86 (95% CI: 7.94-35.80). An OR exceeding unity with a 95% CI that excludes 1.0 indicates that individuals with *Rahu* in the sixth house were approximately 16.9 times more likely to belong to the IBS case group than those in whom this configuration was absent, an effect size that is very large

by conventional epidemiological standards. Sex was not a significant confounder, as its distribution did not differ between groups ($\chi^2=0.37$, $p=0.543$). These findings, while statistically robust, must be interpreted within the context of an exploratory study examining an unconventional exposure variable, and are discussed accordingly below.

Principal findings

This exploratory, OPD-based case-control study investigated whether the placement of *Rahu* in the sixth house of the natal horoscope is associated with a diagnosis of IBS, enrolling 88 Rome IV-confirmed cases and 88 healthy controls. The principal finding was a statistically significant association between presence of

Rahu in the sixth house and IBS status (OR=16.86, 95% CI: 7.94–35.80; $\chi^2=64.25$, df=1; $p<0.001$). The 95% CI did not cross unity, and the exact p-value (1.10×10^{-15}) indicates a negligible probability of this distribution occurring by chance. Sex distribution did not differ significantly between groups ($p=0.543$), excluding it as a major confounder in the present analysis. The magnitude and statistical robustness of this association, although striking, must be contextualised within the exploratory, observational design of this study and should not be construed as implying a causal or deterministic relationship between astrological configuration and disease.

Interpretation of findings

An ayurvedic perspective

Ayurveda classifies IBS under the clinical entity of *Grahani Roga*, a disorder of the absorptive and retentive capacity of the intestine (*Grahani*), the primary seat of digestive fire (*Agni*). In classical texts, *Grahani* is anatomically identified with the *Pittadhara Kala*, the transitional zone between the *Amashaya* (stomach) and *Pakwashaya* (large intestine), corresponding broadly to the small intestine and ileocaecal region. Dysfunction of *Jatharagni*, the central digestive fire, leads to incomplete digestion, generation of *Ama* (toxic metabolic end-products), and subsequent vitiation of the *Doshas*, culminating in the varied clinical presentation of *Grahani Roga*.⁶ The subtypes of *Grahani* - *Vataja*, *Pittaja*, *Kaphaja* and *Sannipatika* - align conceptually with the Rome IV subtypes of IBS (IBS-C, IBS-D, IBS-M, and IBS-U), reflecting the individualised, *dosha*-centric model of disease classification in Ayurveda.

Central to Ayurvedic aetiopathogenesis is *Trilinga Chikitsa*; the triad of *Hetu* (causation), *Linga* (symptomatology) and *Aushadha* (therapeutics). Within this framework, *Pradnyaparadha*, broadly translated as intellectual transgression or volitional disregard of one's constitutional nature, is identified as a primary upstream cause of disease. *Pradnyaparadha* promotes *Apathyakara Ahara-Vihara* (unwholesome diet and lifestyle), which progressively impairs *Agni*, the functional integrity of metabolic and digestive processes. This psycho-neuro-enteric dimension, wherein mental disturbance precedes and drives gut pathology, resonates with the contemporary understanding of the gut-brain axis in IBS pathogenesis and provides the conceptual basis upon which Ayurvedic literature has historically implicated astrological influences operating through their perceived effect on cognition, behaviour and constitution as upstream determinants of disease susceptibility.⁷

Potential theoretical mechanisms: a speculative integrative framework

Any mechanistic interpretation of the observed association must, of necessity, remain speculative given the current state of evidence; nonetheless, several

theoretical frameworks merit consideration for hypothesis generation. First, chronobiological research has established that season-of-birth, intrinsically related to planetary and lunar cycles, exerts demonstrable effects on neurodevelopment, hormonal programming and long-term health outcomes, with documented associations between birth timing and neuropsychiatric outcomes attributed to mechanisms involving melatonin entrainment, vitamin D synthesis and hypothalamic-pituitary-adrenal (HPA) axis calibration during the perinatal period.⁸ Such seasonal biological rhythms, encoded at birth, may represent a natural-science substrate that traditional astrological frameworks have empirically captured, over centuries, through planetary symbolism.

Second, contemporary neuro-gastroenterology recognises that IBS pathogenesis involves dysregulation of the HPA axis and the autonomic nervous system, both sensitive to early-life programming and circadian disruption. *Rahu*'s classical astrological association with the Vata principle, restlessness, psychosomatic instability, and disrupted regulatory patterns may symbolically reflect, in traditional cosmological language, the constitutional vulnerability - HPA axis dysregulation, visceral hypersensitivity, and altered gut microbiota composition, that modern science increasingly recognises as a predisposing substrate for IBS. These conceptual parallels are intellectually suggestive but do not constitute mechanistic evidence; they are offered to illustrate the potential for integrative dialogue between traditional knowledge systems and contemporary biomedical frameworks, and not to assert equivalence between astrological constructs and physiological mechanisms.

Potential confounders and bias

The observed association must be interpreted in light of unmeasured confounders, including gut microbiota composition, dietary pattern (notably FODMAP intake), psychological stress, genetic predisposition, and prior gastrointestinal infection, none of which were assessed or adjusted for in this analysis.^{9,10} Information bias arising from inaccuracies in recorded birth time may also have affected exposure classification, while reliance on a single astrologer's interpretation introduces potential ascertainment bias. These factors indicate that the strength of the observed association cannot be attributed solely to the astrological exposure variable and should temper any causal interpretation of the findings.

Strengths

This study has several notable strengths. To the best of available literature, it is the first formally designed case-control study to quantitatively examine *Rahu*'s placement in the sixth house in relation to IBS using standardised Rome IV diagnostic criteria. Use of validated AstroSage software with independent astrologer verification ensured consistency and reliability of exposure assessment, while

the 1:1 case-control ratio and comparable sex distribution minimised demographic confounding. Recruitment from an institutional OPD by clinicians experienced in both Ayurvedic and contemporary diagnostic frameworks strengthened case ascertainment, and the use of established epidemiological methods (Pearson chi-square, Woolf-method OR with 95% CI) ensured analytical rigour, in keeping with STROBE recommendations for the reporting of observational research.^{11,12}

Limitations

Several limitations must be acknowledged. As an exploratory observational case-control study, it can establish association but not causation, and is inherently susceptible to confounding, as discussed above. The accuracy of horoscope generation depends critically on precise birth-time documentation, introducing potential information bias. The single-centre OPD setting limits generalisability, and exposure assessment relied on a single software platform and astrologer, without formal inter-rater reliability testing. Finally, the analysis was restricted to a single binary astrological variable, without accounting for planetary aspects, *Dasha* periods, the *Lagna* lord, or interactions with other malefic planets, representing a significant simplification of a multidimensional astrological system. It should also be acknowledged that controlled empirical tests of astrological claims in the mainstream scientific literature have not generally supported their validity and this broader evidence base should temper interpretation of the present findings.¹³

Future directions

These preliminary, hypothesis-generating findings open avenues for future integrative research. Multicentre studies with larger, prospectively recruited, and demographically diverse samples are needed to confirm reproducibility, ideally using blinded astrological assessment to minimise ascertainment bias and formal inter-rater reliability testing across astrologers and software platforms.

The astrological variable set should be expanded to include the *Lagna*, sixth-house lord, planetary aspects, *Dasha* periods, and composite risk-scoring models. Future studies should also adjust for biological and lifestyle confounders, including diet, microbiota, stress, and genetics, and should explore chronobiological correlations with lunar and seasonal patterns through collaboration between Ayurveda scholars, astrologers, and gastroenterologists.

Given the sensitive nature of combining astrological and clinical data, future multicentre studies should also ensure rigorous ethical oversight and informed consent procedures consistent with the Declaration of Helsinki.¹⁴

CONCLUSION

This exploratory case-control study identified a statistically significant association between *Rahu* in the sixth house and Rome IV-confirmed IBS. The prevalence was higher among IBS cases (76.1%) than controls (15.9%), with an OR of 16.86 (95% CI: 7.94–35.80; $p < 0.001$). However, the observational design and potential confounding preclude causal interpretation. Larger, multicentre studies using standardised astrological assessment and adjustment for relevant biological and lifestyle factors are required to determine whether this finding is reproducible. These results should therefore be considered hypothesis-generating.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Kumbhar VV, Ohol SV, Kshirsagar RR. Investigating rahu (North lunar node) placement in the sixth house of the natal horoscope with special reference to irritable bowel syndrome: an exploratory case control study. *Int J Community Med Public Health* 2026;13:5954-9.