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## Ayurvedic Management Of Ulcerative Colitis- A Case Study

Sreelakshmy Changath<sup>1</sup> Manik Soni<sup>2</sup>

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1. Lecturer, Dept Of Kayachikitsa, Prabuddh Ayurvedic Medical College Hospital & Research Center, Lucknow.
2. Lecturer, Dept. Of Kayachikitsa, Rajiv Gandhi Government Post Graduate Ayurvedic college, Paprola, Himachal Pradesh.

**Corresponding Author :-** Dr. Sreelakshmy Changath, Lecturer, Dept Of Kayachikitsa, Prabuddh Ayurvedic Medical College Hospital & Research Center, Lucknow.

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### ABSTRACT: -

Ulcerative colitis is an idiopathic chronic inflammatory disorder of mucosa of colon, usually extending over years which pursue a protracted relapsing and remitting course. It is a part of spectrum of IBD, which includes two main entities - Ulcerative colitis and Crohn's disease. In addition to this the spectrum also comprises two categories ; IBD unclassified and indeterminate colitis. The pathogenesis of IBD is still under investigation. The most simplified view is that intestinal injury results due to aberrant immune response to commensal bacteria in a background of genetic predisposition. In many cases of ulcerative colitis the rectum is involved. The cardinal symptoms of ulcerative colitis are rectal bleeding with passage of mucus and bloody diarrhoea. In modern system of medicine, there is no satisfactory treatment available for this condition. For the treatment of ulcerative colitis to develop a protocol with Ayurveda is a need of today's era. In Ayurveda, it can be studied under the heading of *Raktatisara*. In this case study, an effort was made to treat a 45 year old female patient diagnosed as a case of ulcerative colitis with Ayurvedic treatment modalities. The patient responded well to the treatment with improvement in her symptoms and general condition.

**Key words** – Ulcerative colitis, *Raktatisara*, Inflammatory bowel disease



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## INTRODUCTION

Ulcerative colitis is the idiopathic inflammation affecting the mucosa of the large intestine.<sup>[1]</sup> It is a life long illness that has profound emotional and social impact on affected patients. In some patients extra intestinal manifestations are also seen. Ulcerative colitis is believed to be resulting from environmental factors (smoking, antibiotics, enteropathy etc.) especially in genetically susceptible individuals which triggers for loss of tolerance for normal intestinal flora<sup>[2]</sup>. The role of alteration in the normal protective gut flora is established in the causation of inflammatory bowel disease<sup>[3]</sup>. Typically the disease is most severe distally and progressively less severe more proximally. The Rectum is the most frequently involved portion (90 % to 95% )<sup>[4]</sup>. Continuous and symmetric involvement is the hallmark of UC , with a sharp transition between diseased and uninvolved segments of the colon. The disease starts with looseness of bowel with blood and mucus in stool , abdominal pain, tenesmus, and urgency are commonly seen. Severe or moderate form of disease often may be associated with systemic symptoms and fever and weight loss may be prominent. Patients can develop anorexia and nausea and, in severe attacks, might actually vomit. The diagnosis is confirmed by barium enema, colonoscopy and biopsy. In modern medicine, treatment includes anti inflammatory agents (Sulfasalazine) along with symptomatic treatment, anti diarrhoeal, corticosteroids, multivitamins and intravenous fluids to overcome dehydration and electrolyte imbalance. Surgery is also done in some cases. In Ayurveda, it can be correlated to *Raktatisara* and the Ayurvedic classical text offer range of formulations and treatment modalities for the treatment of this condition. Keeping this point in mind, a case study was done by using various

Ayurvedic formulations and Panchakarma procedure on the basis of signs and symptoms involved.

## CASE REPORT

A 45 year old female patient, OPD REG. NO. 232463 resident of Joginder nagar, district Mandi of HP visited Kayachikitsa OPD of R.G.G.P.G Ayurvedic Post Graduate College and Hospital, Paprola on 14<sup>th</sup> may 2019 with chief complaints of increased frequency of stool (15-20 episode), loose in consistency, mixed with frank blood and mucus, associated with abdominal cramps which she suffers intermittently from past one year. She also complained of reduced appetite, weight loss and generalized weakness since one year. In 2018, she was diagnosed with ulcerative proctitis by the means of colonoscopy and biopsy, she underwent allopathic treatment for one year, but no satisfactory results were found.

### General Examination

Pallor – present

Icterus – Not present

Cyanosis – Not present

Clubbing - Not present

Lymphadenopathy – Not present

Oedema – Not present

### Systemic Examination

P/A – Soft, Generalised

Tenderness (+) no organ palpable

CVS – S1 S2 Normal, No murmurs heard

RS - Air entry fair both lungs

No added sounds

CNS - HMF were intact

No neurological deficit found

PRE – Mucus and blood stained digital finger

### Vitals

BP – 90/60mmHg

PR – 88/min,R

Temperature – 98degree F

**Ashta Sthaana Pareeksha***Nadi – Vata- Pitta**Sparsha – Anushna-sheeta**Mala – Raktavarna, Kledayukta**Drik – Samanya**Mutra - Samanya**Aakriti - Leena**Jihva – Ruksha, Lipta**Shabda – Ruksha Swara***Personal history of patient :Table No 1**

<b>Appetite</b>	Reduced	<b>Diet</b>	Mixed, Predominantly Veg. with an inclination for fried,spicy food
<b>Sleep</b>	Disturbed	<b>Bladder</b>	Normal
<b>Addiction</b>	Occasional. Alcohol intake	<b>Bowel</b>	Loose stool with increased freq. 15-20/day, with blood and mucus

**Past history of patient:** No relevant past history.

No h/o any autoimmune disease, D.M, HTN Jaundice, PTB or any surgical intervention.

H/O hospitalization for the same disease about one year back.

**Investigations**

Haematology

Hb – 9.7%

ESR – 34mm1stHr

TLC – 8100 cells/cu.mm

DLC and other Haematological parameters were normal.

Renal functions, Blood sugar, Lipids, Liver functions and Urine investigations were also with in normal limits.

Chest Xray and ECG were with in normal limits

Colonoscopy: Extensive ulcerations in rectum were seen. In biopsy final impression was IBD Proctitis E1 disease.

According to True Love and Witts classification of severity of UC, Patient showed moderate severity of symptoms.

**Table No. 2**

<b>True Love and Witts classification of severity Of <sup>UC[5]</sup></b>
<p><b>Mild</b> &lt; 4 stools/day, without or with only small amounts of Blood No Fever No Tachycardia Mild Anaemia ESR &lt; 30 mm/hr</p> <p><b>Moderate</b> Intermediate between mild and severe</p> <p><b>Severe</b> &gt;6 stools/day ,with blood Fever &gt; 37.5 degree C Heart rate &gt; 90/min Anaemia with Hgb level &lt; 75% of normal ESR &gt; 30mm/hr</p>

**TREATMENT PRINCIPLE:**

As the condition is co-related with *Raktatisara* (Bloody diarrhea), first line of treatment done was *Rakta Sthambana* ( blood coagulation by the use of haemostatic agents) and *Purisha Sangraha* (*Anti-diarrhoeal*).

*Sthambana dravyas are of Sheeta Virya, Tanu, Sthira, Annapachaka, Vatakaraka, Aap and Prithvi Mahabhuta predominant*<sup>[6]</sup> eg:- *Lodhra, Mocharasa, Priyangu, Gairika* etc.

*Purisha Sangrahaniya dravyas are Grahi which are of Ushna virya, Amapachaka, Agnivardhaka, Soshaka and Agni mahabhuta predominant.*<sup>[7]</sup> Ex – *Jatiphala, Shunti, Jeeraka* etc.

**TREATMENT OF THE PATIENT**

*Piccha basti* and internal medications were given to the patient for the management. It is indicated in *Jeernaatisaar Avastha and Jeerna Grahani* by

Charaka and Vaghbata.<sup>[8]</sup> *Piccha Basti* is also called as *Sangrahi basti or Sthambaka Basti* i.e one that possess styptic action. Here the *Piccha Yukt Dravya* (Styptic drugs) are used for the preparation of Basti. The ingredients of *Piccha Basti* were not according to classical description.

**Course of Basti (Kala Basti)**

Kala Basti includes alternative *Anuvasana and Niruha Basti (Piccha Basti)* for 15 days.

**Piccha Basti (Ingredients)**

*Niruha Basti – Madhu -; Lavana (Saindhava); Sneha - Goghrita ; Kalka – Made up of Mocharasa, Priyangu, Manjishta, Raktachandana, Indrayava ; Kwatha – Made up of Kusha, Kasha, Shalmali Pushpa, Ashwatha sunga, Udumbara Patra*

*Anuvasana Basti – Equal amount of Jatyadi Taila and Dadimadhi Ghrita*

**TREATMENT PROTOCOL OF BASTI****Table No.3**

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Type of the Basti	A	A	N	A	N	A	N	A	N	A	N	A	N	A	A

A – Anuvasana

N- Niruha

**Table No.4**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Retention time	45 mins	1 hr	0 min	1 hr	5 mins	2 hr	7 mins	2 hrs	5 mins	2 hr 30 mins	3-4 mins	3 hrs	3-4 min s	3 hrs	31/2 hrs
No of evacuation of stool	13 episodes	16	15	8	10	10	9	5	6	6	8	3	4	1	Not passed

### Internal medications

- *Kutajaghana vati* 2 BD with *Dadima phala* swarasa-50 ml
- *Hinguvashataka churna* 2 gm BD with *Takra* - 50ml
- *Dadimashtaka churna* 5g + *Abhraka bhasma* 125 mg

*Bolabaddharasa* 65 mg

Mix and given twice a day after meals

- *Bilagyl Avaleha* 3 g TID ( Ingredient- Bilwa, Company - Sandu)

These medications were given orally for a period of one month.

### Assessment of the results

**Table No 5**

Signs & Symptoms	BT	AT	Follow up (after 1 month)
Frequency of stool	13-15 episodes	1-2 episodes	2 episodes
Blood in Stool	Bleeding daily and more than 5 times/day	No bleeding	No bleeding
Pain abdomen	Moderate pain	No pain	No Pain
Pallor	Mild pallor (+)	Mild pallor (+)	Mild Pallor (+)
Weight loss	More than 5% of body weight	No further weight loss	No Further weight loss
Appetite	Reduced	Improved	Good
Mental Status	Depressed	Happy	Happy
Hemoglobin	9.7g%	10.8%	10.9%

## RESULTS AND OBSERVATION

After 15 days of Panchakarma therapy and one month of internal medications, there was much improvement in signs and symptoms of patient as shown in **Table No 5**

### Investigations performed after treatment

Hb g% - 10.9%

ESR – 18mm/hr

## DISCUSSION

*Raktatisara* is a condition developed when a patient of *Pittatisaara* continues to indulge in *Pitta Prakopaka Ahaara Vihaara* which results in *Rakta Dushti*.<sup>[9]</sup> *Piccha Basti* is a type of *Niruha Basti* administered in patients of *Raktatisara* and *Pittatisara*.<sup>[10]</sup> *Piccha* is also a

synonym of drug *Mocharasa* which is used for preparation of *Basti*. *Mocha rasa* (gum) is a synonym of *Shalmali*.<sup>[11]</sup> *As Raktatisara is a Pakvashayagata Vyadhi*, *Basti* is considered to be the best line of treatment for it. *Charakacharya* says *Piccha Basti* is administered when patient complains of increased frequency of evacuatory stools in little amount which is blood mixed and associated with pain.<sup>[12]</sup> Due to the frequent evacuation of stools, *Vata Dosha* gets aggravated which further vitiates *pitta* and in such condition *Basti* treatment is almost beneficial.

The *Kalka dravyas* used for preparation of *Piccha Basti* are *Mocha Rasa*, *Priyangu*, *Manjistha*, *Rakta Chandana* and *Indrayava*. *Mocharasa* is widely used hemostyptic agent in



practice. *Charakacharya classified Mocharasa under Purisha Sangrahaneeya, Shonitha Sthapana and Vedana Sthapana Mahakashaya,*<sup>[13]</sup> Due to its binding nature it heals wounds and ulcers. Priyangu is *sheetala, Tikta Dravya*<sup>[14]</sup> which mitigates Pitta, possess wound healing and haemostyptic properties. *Manjishta is a Pitta Shamaka Dravya.* It is indicated in the treatment of Vrana as per almost *Nighantukas*. Strong anti-inflammatory activity of the Methanolic extract of roots of *Rubia cordifolia* has also been reported.<sup>[15]</sup> *Rakta Chandana* is found to be very effective for wound healing. It is *Rakta Doshahara*. Seeds and Barks of *Indrayava* possess anti bacterial and anti-diarrheal effects.

*Kutajaghana Vati* was given orally which have the property of *Pitta and Kapha Shamana*. It possess *Sthambaka Guna* which helps to reduce the frequency of bowel. It helps retrieve normal tone of intestine by reducing inflammation of small and large intestine, promotes healing in chronic ulcers.<sup>[16]</sup> *Hinguvashataka Churna cures the Agnimandhya* and Shoola produced by *Vata Dosh*.<sup>[17]</sup> *Dadimashtaka Churna* pacify the *Agni, Regulates Jatharagni, Its Katu and Tikta Rasa pacify Vitiated Kapha while Ushna Virya* of formulation pacifies *Vata Dosh*.<sup>[18]</sup> *Abhrika Bhasma helps in Agnimandhya and also act as a Rasayana.*<sup>[19]</sup> *Bolabaddha Rasa is Tridosha Shamaka, Deepana Pachana*<sup>[20]</sup> and it has the property to alleviate the Bleeding.

Conclusion: The present case study highlights the effect of Ayurveda management in ulcerative colitis. The patient got a good relief in her symptoms in a short span of one month. Her symptoms have come down from moderate to mild according to True Love and Witts classification of severity of UC. However this is only a case study and needs further evaluation in

well controlled trials.

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