

A CASE STUDY ON ULCERATIVE COLITIS

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ABSTRACT

Westernization and today's changing diet style is resulting in various health problems like Inflammatory Bowel diseases, which is a common entity encountered in clinical practice. Ulcerative colitis is the most common among them. Today's lifestyle, environment, diet and stress play an important role in etiology. The disease is characterized by abdominal pain with bloody diarrhea, weight loss, anemia and general debility. Diagnosis is made on the basis of symptoms, stool examination and endoscopy. *Pravahika* is the *Pakwasahayagata Kaphaja vikara* with symptoms of *Sarakta mala*, *Sapravahana mala*, *Sakapha mala*, *Daaha*, *Jwara*, *Bhrama*, *Daurbalya*, *Anannabhilsha*, *Sweda* and *Trishna*, Excessive intake of *Katu*, *Amla*, *Lavana Rasa*, *Guru* (not easily digested), *Snigdha* (fatty), *Ruksha* (very dry), *Ushna*, *Sheeta*, excessively liquid, *Tikshna* foodstuffs promote *Pravahika* disease. As such there is no satisfactory treatment till date, so it remains the difficult issue. Here we need to have an alternative, safe, convenient treatment. Ayurveda has an answer for such cases. In Ayurveda various treatment modalities for chronic inflammatory bowel diseases are described and used successfully. In this the purpose of our study was to analyze the effect of *Ksheera Basti* on Ulcerative Colitis based on *Samshodhana Karma*, in which 40 years old female patient suffering from Ulcerative Colitis from last 8 years was given a treatment of *Ksheera Basti*, a significant improvement was found in mucus discharge, bleeding and abdominal pain.

Keywords: Ulcerative Colitis, IBD, *Pravahika*, *Samshodhan Karma*, *Ksheera Basti*.

INTRODUCTION

Ulcerative colitis as the name suggests, it is an ulcerative condition of the colon with inflammation and ulcerations resulting in malfunc-

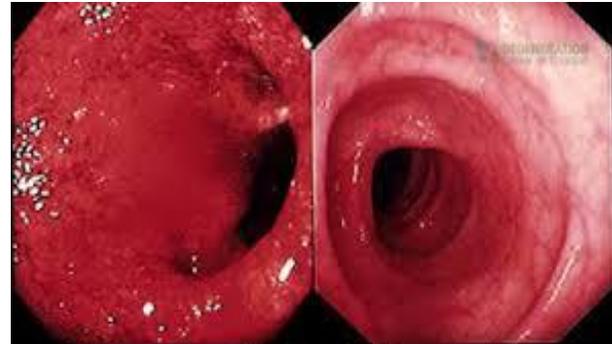
tioning of the colon. The open ulcers lead to extreme pain and discomfort.

Ulcerative colitis is a disease of the colon (large intestine) that includes characteristic ulcers or open sores. The major symptoms of Ulcerative Colitis are diarrhea, rectal bleeding, tenesmus, passage of mucus and crampy abdominal pain. The severity of symptoms correlates with the extent of disease. Although Ulcerative Colitis can present acutely, symptoms usually have been present for weeks to months. Occasionally diarrhea and bleeding are so intermittent and mild that the patient does not seek medical attention¹.

The main symptom of disease is bloody diarrhea. It is the result of an abnormal response by body's immune system. Normally the cells and proteins that make up the immune system protect from infection. In people with inflammatory bowel disease however, the immune system mistakes food, bacteria and other materials in the intestine for foreign or invading substances. The disease may be triggered in a susceptible person by environmental factors, although dietary modification may reduce the discomfort of a person with the disease Ulcerative colitis which only affects the lining of the colon. When Ulcerative colitis happens, the body sends white blood cells into the lining of the intestines where they produce chronic inflammation and ulcerations.

Ulcerative colitis has an incidence of 1 to 20 cases per 1,00,000 individuals per year and a prevalence of 8 to 24 per 10,000². The peak age of onset of Ulcerative colitis is between 15 and 30 years. A second peak occurs between the ages of 60 and 80. The male to female ratio for Ulcerative colitis is 1:1³, uncommon in less than 10 years of age. As the civilization and materialization is increasing the incidence of Ulcerative colitis is encountered more fre-

quently in clinics in modern medicine so many drugs are mentioned for treatment of Ulcerative colitis which are having both antibacterial and anti-inflammatory properties.



Ulcerative Colitis
BEFORE STEM CELLS AFTER STEM CELLS

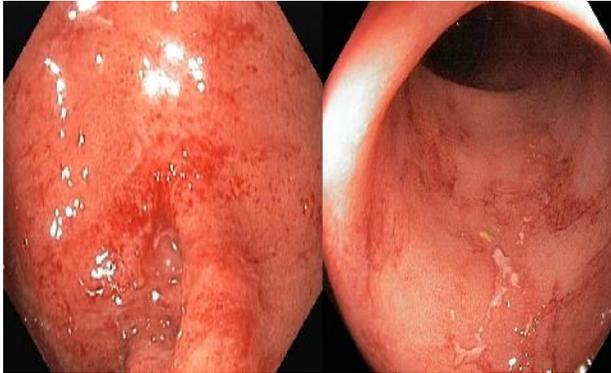
Classification of Ulcerative colitis

1. Depending upon severity⁴
 - A. Mild colitis: refers to < 4 times stools/ day without systemic signs and symptoms.
 - B. Moderate colitis: refers to < 6 times stools/ day without systemic toxicity.
 - C. Severe colitis: refers to > 6 times stools / day with systemic toxicity, weight loss more than 3 kg.
2. Depending upon the extent of colon involved

The disease is normally continuous from the rectum upwards to the colon and is classified by the extent of involvement depending on how far it extends:

- A. Distal colitis: Involvement of the distal part of the colon and is potentially treatable with enemas.
- B. Proctitis: Involvement limited to the rectum.

- C. Proctosigmoiditis: Involvement of the recto sigmoid colon, the portion of the colon adjacent to the rectum.
- D. Left-sided colitis: Involvement of the descending colon, which runs along the patient's left side up to the splenic flexure and the beginning of the transverse colon.
- E. Extensive colitis: Inflammation extends beyond the reach of enemas.
- F. Pancolitis: Involvement of the entire colon extending from the rectum to the caecum.



Ulcerative colitis always starts in the rectum and spreads in a backward manner thus involving the entire colon in majority of cases. In 5% of the cases, terminal ileum can also be involved. As the disease progresses, inflammation spreads into the submucosa of colon⁵. As the *Raktajapravahika* symptoms are quietly similar to Ulcerative colitis. Straining during defecation is the main characteristic feature of *Pravahika* disease. Large amount of *Vikruta Kapha* and very small quantity of *Ma-la* produces '*Krute api akrut*⁶' *lakshana* i.e. even after defecation there is repeated urge to defecate is the main symptom of *Pravahika*. *Agnimandya* is the main cause (*Hetu*) of *Atisara* and *Pravahika*. Both *Atisara* and *Pravahi-*

ka are manifested at *Guda* region. So Charaka⁷ has included *Pravahika* in *Atisara prakarana*. Excessive intake of *Katu*, *Amla*, *Lavana Rasa*, *Guru* (not easily digested), *Snigdha* (fatty), *Ruksha* (very dry), *Ushna*, *Sheeta*, excessively liquid, *Teekshana* foodstuffs promote *Pravahika* disease. *Viruddhashana*, *Adhyashana*, *Vishamashana*, *Alpashana*, *Pramitashana* are other *Hetus* of *Pravahika*⁸.

Pitta and *Raktaprapakopa Hetu* play vital role in formation of *Pravahika samprapti*⁹. *Kapha* devoid of its natural *Guna* is accumulated in walls of large intestine. *Vata Dosha* tries to remove this *Vikruta Kapha* along with stools. So in *Pravahika vikruta Kapha* is present in faeces. Repeated attempts by *Vata Dosha* to remove sticky *Kapha* from intestine produce '*Muhurmuhur mala Pravrutti*'. The vitiated *Rakta* along with *Kapha* and *Vata* diminishes the *Agni* and reaches the *Purishashaya* (intestine) and blood comes out with *Kapha* known as *Raktaja pravahika*¹⁰. In *Raktaja Pravahika Prakupita Pitta* erodes mucosa of large intestine producing ulcers. *Raktayukta pravarana* bleeding of ulcer leads to passage of blood, *Kapha* stools along with pain. As per *Madhava nidana*¹¹ *Ama* and *Pakwa* stages of *Pravahika* have to be understood as those of *Atisara* and the treatment should be according to that. In *Ama avastha*, *Amapachana* and *Agnivardhana* is the main line of treatment while '*Sangrahana*' will be main line of treatment in *Pakwa avastha*.

The patients have a higher risk for small bowel and colon cancer if patient have Ulcerative colitis. Therefore to avoid such complication and risk we need some other treatment measure. Keeping all these factors in mind a case study¹¹ was designed on the basis of Ayur-

veda to make the patient fully independent for his daily living activities.

Case study

A 40 years old female patient residing in Tarihal Hubli attended OPD with complaints of epigastric region pain, bleeding per rectum before defecation, weakness. Patient was known case of Ulcerative colitis since 8 years receiving treatment from Gastroenterologist. But she was not getting satisfactory relief. The disease has made her very much disturbed. The patient was relatively all right before 8years then gradually she developed above symptoms. She was non vegetarian, no addiction was found, sleeping pattern was normal, appetite was mildly diminished, altered bowel habit i.e. 4-5 frequency per day with bleeding per rectum and soft consistency of stool and mucus at the end of defecation.

Examination of stool for occult blood was positive. Hb% was 9.3gm%. On Colonoscopy the findings seen were multiple tiny ulcer with granular mucosa involving transverse, descending, sigmoid and rectum. Colonic Biopsy was taken for further confirmation. Diagnosis on Histopathologic report was Ulcerative colitis.

METHODS

In this case study clinical features along with investigations were done. Later the patient underwent treatment *Basti*, i.e. *Ksheera Basti* composed of *Basti Dravya* and *Dravyas* mentioned below,

Basti Dravya:

Sariva-20gm, Shalmali-20gm, Kutaja-20gm, Bilwaphalamajja-20gm, Dhataki-20gm, Lod-

hra-30gm, Priyangu-20gm, Chandana-20gm and Rakta chandana-20gm

Basti Preparation:

We mix *Sariva, Shalmali, Kutaja, Bilwaphalamajja, Dhataki, Priyangu, Chandana* and *Rakta chandana* and boiled it on mild heat with 800ml of Milk until it remains 1/4th of total amount. Then we muddle up *Lodhra Kalka-30gm*, 50ml of Honey and 30ml of *Panchatikta Ghrita* and 30 ml of *Guggulutikta ghrita* in above solution during the intervention of *Basti*.

Procedure: -

The procedure was done in the morning. The patient was asked to defecate and massage was done to overall body with *Murchita tila Taila (Abhyanga)*. After that mild steam bath (*Mridu Swedana*) was given to the patient. Patient was asked to lie in left lateral position so that to expose the anal opening. Following that lubrication of the tip of the catheter was done with *Ghrita*. Then the tip of catheter was slowly inserted into anus up to the rectum. The loaded syringe of 350ml of *Basti Dravya* was slowly and continuously injected into the rectum. After that, catheter was slowly removed and cotton pad is placed over the anal opening. The patient was kept in head down position for 15-30 minutes and the patient was asked to hold *Basti* for the same time period. After that the patient was allowed to defecate. The dosage of *Basti* was 350ml, in the form of liquid and administered daily via per-rectal route for 2 weeks.

Shamana oushadi given are

Lodhrasava 10ml-0-10ml

Kutajarista 10ml-0-10ml

Tab Chandrakala rasa 2-2-2

Table 1: Evaluation of patient was done before and after the treatment:

Clinical symptoms	Before treatment	After treatment
Epigastric region pain	Continuous pain after taking food	Reduced
Mucus discharge	Equal quantity of mucus and stool	No mucus discharge
Bleeding P/R	Bleeding with stool	No bleeding

RESULTS:

We found the patient has no epigastric region pain after treatment. There was no bleeding per rectum as the bleeding with stool was the main complaint of patient was reduced to no bleeding.

DISCUSSION

The improvement found can be because of various ingredients present in *Basti*. *Sariva* acts as *Grahi*, it does the *Agnimandyahara* and useful in *Atisara*. *Shalmali* which is *Snigdha* and *Pichhila*, so it protects ulcer from irritations and giving sufficient time to heal the ulcer by forming protective layer over the colonic surface. *Kutaja* control bleeding and heal the Ulcer. *Bilwaphala majja* acts as *Grahi* and does *Deepana*, *Pachana* and helpful in *Pittaja Atisara*, *Dhataki* and *Lodhra* having *Kashaya rasa* and *Sheeta virya* which is *Stambhaka*, *Grahi*, *Shothahara* property so helpful to stop diarrhea and rectal bleeding, *Priyangu* having *Ropana* property and does the *Raktaprasadana*, *Purisha sangrahaniya*, *Chandana* and *Rakta chandana* having *Rooksha* and *Guru guna* and does the *Daha prashamana*.

The *Basti* acts as protective coating of bowel helps in healing ulcer caused in the bowel. It has local action and very effective in Ulcerative colitis, irritable bowel syndrome etc

Shamana oushadi

Lodhrasava does *Raktaprasadana*, *Deepana*, *pachana* and acts as *Grahi* useful in IBS.

Kutajarista does the *Rakta stambhana* helpful in IBS and chronic diarrhea.

Chandrakala rasa helpful in rectal bleeding, it is having properties like *Sheeta Virya* and can reduce the *Tikshna* and *Ushna Guna* of *Pitta*.

CONCLUSION

Ulcerative colitis is a disease, probably involving an immune reaction of the body to its own gastro-intestinal tract. In Ayurveda *Raktaja Pravahika* shows symptoms having resemblance with Ulcerative colitis. In the management of Ulcerative Colitis, principle of *Atisara Chikitsa* can be followed. Therapies like *Pichcha Basti*, *Anuvasana Basti* and internal medications are helpful. Combined effect of both external and internal treatment was proved to be effective.

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