

ROLE OF BASTI IN ULCERATIVE COLITIS – A REVIEW

N Kavya¹, S. Vasan Satish², B A Lohith³

PG Scholar¹, PG Scholar², Head of the Department³

Sri Dharmasthala Manjunatheshwara Ayurvedic Medical College and Hospital, Hassan, 573201

Email: drkavya29@gmail.com

ABSTRACT

Ulcerative Colitis is an Inflammatory Bowel Disease, which causes inflammation and ulceration of inner lining of the colon and rectum. It is a long-term condition. The cause of Ulcerative colitis is unknown. Theories involve immune system dysfunction, genetics, changes in the normal gut bacteria, and environmental factors. Together with Crohn's disease about 112 million people were affected as of 2015. Dietary changes may improve symptoms. Several medications are used to treat symptoms and bring about and maintain remission, including aminosalicylates such as sulfasalazine, steroids, immunosuppressant such as azathioprine, and biological therapy. Based on the clinical signs and symptoms, the disease *Pravahika* can be correlated to IBD with ulcerative colitis in Ayurveda. Panchakarma therapy aids as an important treatment modality in treating Ulcerative colitis. The site of Ulcerative colitis is colon. The *sthana* of *vata dosha* is *Pakwashaya* (colon). *Dosha* involved in ulcerative colitis is *pitta dosha*, so we can infer that *pitta* resides in *vata sthana pakwashaya*. Hence, tackle the *sthanika dosha* first and followed by treating *pitta dosha*. And there is no treatment that is equal to *basti* in ayurveda. And through *basti* one can treat *eka dosha*, *samsarga* and *sannipata* conditions. *Piccha basti* reduces inflammation due to its *grahi*, *deepana dravyas* and *picchila guna*. Also it improves the function of *Apana vata*. *Samshamana yogas*, along with the dietary modifications, gives the maximum benefit. Hence, here is an effort made to treat *vata sthana gata pitta*, through *basti* intervention

Keywords: *panchakarma, IBD, ulcerative colitis, pravahika, basti, piccha basti.*

INTRODUCTION

Ulcerative Colitis is an Inflammatory Bowel Disease, which causes inflammation and ulceration of inner lining of the colon and rectum.¹

The inflammation usually begins in the rectum and spreads upward to the entire colon. This disease can occur at any age but its onset is most

common among the people between ages of 15 - 40. Ulcerative colitis also appears to run in some families. Together with Crohn's disease about 112 million people were affected as of 2015. Each year it newly occurs in 1 to 20 per 100000 people, and 5 to 500 per 100,000 individuals are affected².

AIMS AND OBJECTIVES

To understand the role of *basti* in the management of Ulcerative colitis

METHODS AND METHODOLOGY

- The cause of UC is unknown. Theories involve immune system dysfunction, genetics, changes in the normal gut bacteria, and environmental factors.³
- Chromosome band 1p36 is one such region thought to be linked to inflammatory bowel disease.⁴
- High intake of unsaturated fat and vitamin B6 may enhance the risk of developing ulcerative colitis. The disease may also relapse or develop by the intake of meat protein and alcoholic beverages.

SYMPTOMS

The symptoms are mainly of gastro-intestinal origin and extraintestinal origin. Gastro-intestinal symptoms include⁵

- Diarrhea mixed with blood and mucus
- Bleed on rectal examination
- Anemia
- Abdominal pain
- Increased abdominal sounds
- Fever

- Rectal pain
- Malnutrition
- Weight loss

And Extraintestinal symptoms include⁶

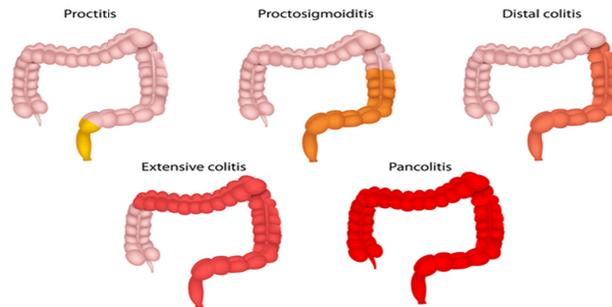
- Aphthous ulcer
- Ophthalmic
- Iritis
- Episcleritis
- Musculoskeletal
- Ankylosing spondylitis
- Sacroiliitis
- Cutaneous (related to the skin):
- Erythema nodosum
- Pyoderma gangrenosum

TYPES

Ulcerative colitis is normally continuous from the rectum up the colon. The disease is classified by the extent of involvement, depending on how far the disease extends:

- *Distal colitis*, potentially treatable with enemas⁷
- *Proctitis*: Involvement limited to the rectum.
- *Proctosigmoiditis*: Involvement of the recto-sigmoid colon, the portion of the colon adjacent to the rectum.
- *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.
- *Extensive colitis*, inflammation extending beyond the reach of enemas:
- *Pancolitis*: Involvement of the entire colon, extending from the rectum to the cecum, beyond which the small intestine begins.

TYPES OF ULCERATIVE COLITIS



DIAGNOSTIC TOOL

The best test for diagnosis of ulcerative colitis remains Endoscopy.

LEAD PIPE SIGN

- Lead pipe appearance of colon is the classical barium enema finding in chronic ulcerative colitis
- There is complete loss of haustral markings

TREATMENT⁸

- Dietary changes
- Aminosalicylates – sulfasalazine
- Steroids
- Immunosuppressants – azathioprine
- Biological therapy
- Surgery

AYURVEDIC PERSPECTIVE

- IBD can be correlated to *Grahani dosha*
- *Vyavachedaka nidana* (Differential diagnosis)
 - *Pittaja grahani*
 - *Rakta atisara*
 - *Pravahika*

It can be correlated to the disease *Pravahika* which manifests in the form of *Atipravahana* of *Purisha* (repeated defecation), *Atidrava Purisha Pravritti* (watery stool), *Udarashoola* (pain abdo-

men), *Picchila*, *Saphena* (sticky and frothy), and *Raktayukta Purisha* (blood-mixed stool).⁹

PRAVAHIKA

In the person who indulges in unhealthy foods, vata getting aggravated, pushes the kapha accumulated (in the *pakvasaya* – large intestine) downwards again and again after straining and mixed with faeces; this disease is called *pravahika*.¹⁰

TYPES

Pravahika produced by *vata* has pain, that produced by *pitta* has burning sensation, that produced by *kapha* has elimination of faeces mixed with *kapha* and that produced by *rakta* has blood mixed with faeces; these kinds are produced by more of unctuousness and dryness (in the large intestine) their signs/symptoms, methods of treatment and features of *ama* (unripe) and *pakwa* (ripe) stages are similar to those of *atisara* (diarrhoea).¹¹

CHIKITSA SUTRA

That *pravahika* which does not subside by *vilanghana* etc (fasting and other thinning methods) or gets increased by the use of *Pachana* (digestive medicines), becomes sub-

sided quickly by the use of boiled milk, oil (of sesame) and *piccha basti* (slimy enema).¹²

PICCHA BASTI¹³

INGREDIENTS	DOSAGE
MAKSHIKA	200ml
SAINDHAVA	15gms
SNEHA	200ML - <i>jathyadi taila</i>
KALKA	30GMS - <i>pippali, bilva, kushta, satahva, vaca</i>
KWATHA	<i>shalmali kashaya</i>

Piccha basti kashaya can be prepared using two procedures. One is by the *Putapaka* method and the other by regular *kashaya* preparation method. *Putapaka* method of extracting *swarasa* is done by enveloping *Shalmali vrunta* in *kusha* variety of grass and then it is subjected to *puta*. When the *pishti* cools down on its own, the juice

is extracted manually. This *swarasa* is mixed with other ingredients of *Piccha basti*. *Piccha basti* is indicated in *jeerna atisara avastha* and *jeerna grahani* by *Charaka* and *Vagbhata*, but according to *Sushruta*, he has mentioned it in the context of *pravahika*. It acts as *grahi* and contains *deepana* and *pachana* drugs.

KSHEERA BASTI¹⁴

INGREDIENTS	DOSAGE
MAKSHIKA	100ML
SAINDAVA	12GMS
SNEHA	100ML – <i>changeryadi gritha, yastimadhu taila</i>
KALKA	40GMS – <i>guduchi, yastimadhu, arjuna, manjishtha</i>
KWATHA	300ML – <i>yastimadhu ksheerapaka</i>

DISCUSSION

IBD can be considered as *Grahani dosha* in Ayurveda¹⁵. According to Ayurveda, Ulcerative colitis is a disease of *Purishavaha srotas*¹⁶. It is primarily a disease of *Pitta dosha* with varying degrees of *Vata* involvement. The latter determines how extensively the inflammatory process will spread proximally and the development of extra intestinal manifestations. The excessive consumption of *Pittaja ahara* and *vihara* initially damages both *rakta dhatu* (blood tissue) and *mamsa dhatu* (muscle tissue), leading to formation of *ama* that gets deposited between the villi in the intestines, forming a smooth coat-

ing that impairs the normal function and immunity of the intestines. *Vata Dosha* in the lower colon is also aggravated and in the early stages blocks the *Pitta* and *Kapha* channels, causing inflammation, mucous accumulation and edema. The site of Ulcerative colitis is colon. The *sthana* of *vata dosha* is *Pakwashaya* (colon). *Dosha* involved in ulcerative colitis is *pitta dosha*, so we can infer that *pitta* resides in *vata sthana pakwashaya*. Hence, tackle the *sthanika dosha* first and followed by treating *pitta dosha*. And there is no treatment that is equal to *basti* in treating *vata dosha*. And through *basti* one can treat *eka dosha*, *samsarga* and *sannipata* condi-

tion. In Ayurveda, *Raktatisara* is mentioned as an advanced stage of *Pittatisara*. *Piccha basti* is mentioned as a management of *Raktatisara* in *Charaka Samhita*¹⁷. *Piccha basti* reduces inflammation due to its *grahi*, *deepana dravyas* and *picchila guna*. Also it improves the function of *Apana vata*. *Samshamana yogas*, along with the dietary modifications, gives the maximum benefit.

CONCLUSION

Based on the clinical signs and symptoms, the disease *Pravahika* can be correlated to IBD with ulcerative colitis. *Pravahika* is a disease with the involvement of *kapha*, *pitta* and *vata* associated with *agnimandya*. Hence, the line of treatment mainly includes *pachana* and *sangrahi dravya*. *Piccha basti* reduces inflammation due to its *grahi*, *deepana dravyas* and *picchila guna*. Also it improves the function of *Apana vata*. *Samshamana yogas* and along with the dietary modifications, gives maximum relief.

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