

AN AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS: A CASE REPORT

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ABSTRACT

Ulcerative colitis is a chronic inflammatory bowel disease that pursues protracted relapsing and remitting course, usually extending over years. This disease is characterized by rectal bleeding, bloody diarrhea, stool mixed with mucous, associated symptoms are abdominal pain, weight loss, etc. From an Ayurvedic perspective, these symptoms are seen in *Grahani roga* in which symptoms like *Atisara*, *Karshya*, *Shleshma Sanrushta Varcha* are seen. So, management had been done in this case is *Picchabasti*. A subject is successfully treated with *Picchabasti* and Ayurvedic medicines for over 5 years.

Keywords: Ulcerative colitis, *Picchabasti*, *Grahani*.

INTRODUCTION

Ulcerative colitis is a chronic inflammatory bowel disease, it mainly involves only the innermost lining and mucosa of the large intestine i.e., the sigmoid colon and rectum with no segments of normal tissue. It is seen more in males than females in a ratio of 3:1. The incidence of ulcerative colitis is stable at 10 per

100000 prevalence of 100-200 per 100000^[1]. Definite etiology is unknown but, improper food habits, stressful life, some drug intake, etc can trigger the malabsorption. It is characterized by stool mixed with mucous, abdominal pain, weight loss, loss of appetite, etc^[2]. According to the Ayurvedic point of view, *Grahani*

is the seat of Agni, which retains *Ahara* (until it gets digested) and then passes into *Pakwashaya*^[3]. According to Acharya *Sushruta*, *Grahani* is *Pittadhara Kala* which is situated between *Amashaya* and *Pakwashaya*. The disease in which *grahani* gets vitiated by aggravated doshas due to *Agnimandya*^[4]. Mainly *Pachaka pitta*, *Samana – Apana vayu*, and *Kledaka kapha* gets vitiated. It is characterized by *Muhurbadha muhurdrava malapravrutti* (sometimes solid sometimes liquid stool), *Saruja ama-pakwa malapravrutti* (painful defecation with obnoxious smell), *vairasya* (anorexia), *Dourbalya* (generalized weakness), etc^[5]. due to malabsorption, lack of nutrition, weight loss *vataprapaka* lakshanas like *shwasa*, *kasa* can be seen. The main purpose of this treatment is to pacify *vata* by administering *Picchabasti* and improve digestion by *deepana pachana*^[6].

MATERIALS AND METHODS

Case Presentation

History of present illness

A 42-year male patient had started c/o loss of appetite and lethargy after some physical work. Later on, he started c/o loose stools with mucous and stool. Associative complaints were abdominal pain, weight loss, anorexia, lack of sleep, anxiety, etc. He also complained of flatulence after 3 hours of intake of food. he had undergone investigations hematological and colonoscopy and was diagnosed with ulcerative colitis for which he had taken symptomatic treatment.

During defecation, the patient observed a slightly foul smell and tenesmus, and pain was aggravating mainly after 4-5 hours of food associated with bloating. Gradual weight loss was observed by the patient.

k/c/o hypertension – presently under medication.

History and Family History

The patient had repetitive episodes of hyperacidity and loss of appetite. After intaking of little heavy food felt

mild spasmodic pain. The patient had taken the symptomatic line of management and some home remedies. Due to the working nature, the patient had stress issues. the patient had taken the symptomatic line of management and some home remedies.

No familial comorbidities.

General and systemic examination

Temp- 98.8°F, BP- 130/70 mmHg PR- 60/ min, CVS- normal cardiac rhythm, no added sound, CNS- conscious, oriented, Sensory, motor functions intact, RS- normal vesicular breathing sound, P/A – mild abdominal distention, decreased peristaltic movement – 2/min, tenderness over the umbilical area. No significant organomegaly was observed. P/R – normal anal mucosa noted, no inflammatory changes or hemorrhoids observed.

Ashtasthana pariksha- nadi – vata-pitta, Mala- visragangha, picchila; mootra – normal, Jivha-, coated Sparsha- twak rukshata; Akriti- leena

Agni – mandagni

Koshtha- mridu

Dosha- vata pitta; dushya-rasa, rakta, grahani

Bala- madhyama

Prakriti – vata-pitta

Desha- anupa

Vaya- madhyama

Relevant Investigations

Hemogram /BT /CT, ESR, RBS, LFT, HbsAg, Vit B12, vit D

Colonoscopy/sigmoidoscopy

Diagnostic Criteria

All colonoscopy reports were assessed thoroughly. Symptoms like unformed stool, abdominal pain, generalized weakness, and weight loss show pathology regarding the colon. Colonoscopy – loss of vascularity, granular mucosa, friability, ulceration with continuous mucosal involvement. Impression- ulcerative colitis.

Treatment Protocol

Phase 1: Management schedule in the first 7 days (IPD) -

Name of the drug/therapy	Quantity	Time/Duration
<i>Picchabasti(kaala)</i>	450 ml	6:00 am (max 45 min)
<i>Matrabasti</i>	60 ml	2:00 pm (max 3 hrs)
<i>Abhyanga</i> ^[6]	-	9:30 am (min 30 min)
<i>Bashpasweda</i>	-	10: 00 am (min 10 min)
<i>Agnitundi vati</i>	2 tid	
<i>Sootashekhara rasa</i>	2 tid	Thrice a day

Phase 2: Management schedule for 30 days (OPD) –

Medicine	Quantity	Anupana
<i>Madhukasavam</i> ^[7]	15 ml TID	<i>Ushnajala</i>
<i>Bilwavaleha</i> ^[8]	5 gms BD	<i>Ushnajala</i>
<i>Kuraja parpati</i> ^[9]	1 TID	<i>Koshnajala</i>

Method of preparation of *Basti-*

Makshika – 80 ml

Lavana – 5 gms

Sneha – 60 ml jatyadi taila

Kalka – 10 gms yashtimadhu choorna

Kwatha – 250 ml – Arjuna, ashwatha, udumbara, shleshmataka, kutaja, shalmali, yashtimadhu=250 gms + milk 500 ml +water 2 lit which reduced to 240 ml

***Pathya-apathya* was advised to the patient.**

RESULTS AND OBSERVATION

After 7 days of Panchakarma treatment, the patient was advised to follow prescribed medicines for 30 days and regular follow-up. When the patient came for the first follow up the frequency of loose stools was

slightly reduced as per his statement. After 30 days (60 days after the first visit) he came for a follow-up. Colonoscopic reports were assessed, and symptomatic relief was seen in a patient by subjective parameters.

The patient came for the next follow-up and got admitted for further treatment. Again, the treatment protocol was implemented, and necessary investigations were done. There were significant changes in colonoscopy reports and vit b12 level. symptomatic relief was observed like a decrease in the frequency of loose stools, appetite was normal and weight gain was noted. On and off colicky pain persisted while passing stool. On the fifth copy, the report has shown a normal colonoscopy.

KASTURBA HOSPITAL, MANIPAL
DEPARTMENT OF GASTROENTEROLOGY & HEPATOLOGY

NAME : Mr. Vivek	Patient ID : 02530374	DATE : 14/03/2015
REF DR :	Age : 34 Years	Sex : Male

COLONOSCOPY REPORT

Pulse, BP, SO2 monitored

Premedication : None

P/R : Normal

Rectum, Sigmoid Colon and Descending Colon : Shows loss of vascularity, Granular mucosa, friability and ulceration with continuous mucosal involvement.

Transverse Colon : Distal transverse colon was normal. Proximal transverse colon shows a patchy area of erythema and loss of vascularity.

Ascending Colon : shows patchy area of erythema and loss of vascularity.


IC Valve : Normal.

Cecum : Normal.


Terminal Ileum : Normal.

Biopsies taken from terminal ileum (1), Cecum, ascending and transverse colon (2) Descending colon, sigmoid colon and rectum (3).

Impression : Pancolitis - ? ulcerative colitis (Await biopsy report)

Signature: 

Dr. Girisha B
Consultant Gastroenterologist



Dhanavantari Clinic
Dr. A.R. Acharya
D.No.1-119A, Kunjagudde,
Adudupi Udipi -576103

Patient Name: Mr. K.S Vivek	Ref By: DR. A. R. ACHARYA
Registration No: 640	Date: 28.08.2016 10:03:00 AM
Age/Sex: 37 Yrs/M	Procedure: Colno

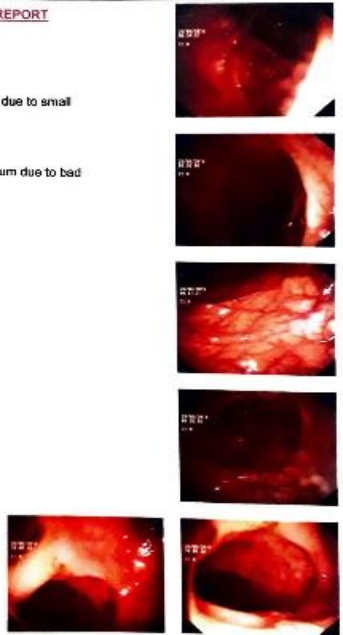
VIDEOCOLONOSCOPY REPORT

Findings

Rectum shows normal mucosa
Sigmoid colon shows congested mucosa due to small ulcerations
Descending colon is normal
Transverse colon is normal
Ascending colon is normal
Colonoscope couldn't be passed till caecum due to bad preparation

Conclusion
Sigmoid colitis

Dr. A.R. Acharya
MDAY, BHU



Dhanavantari Clinic
Dr. A.R. Acharya
D.No.1-119A, Kunjagudde,
Adudupi Udipi -576103

Patient Name: Mr. Vivek	Ref By: DR. A. R. ACHARYA
Registration No: 932	Date: 11.06.2014 09:15:00 AM
Age/Sex: 38 Yrs/M	Procedure: Colonoscopy

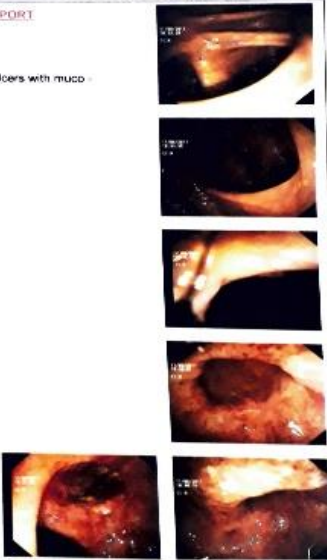
VIDEOCOLONOSCOPY REPORT

Findings

Rectum shows congested mucosa
Sigmoid Colon Congested mucosa Small ulcers with mucopurulent discharge seen
Descending colon is normal
Transverse colon is normal
Ascending colon is normal
Cecum is normal

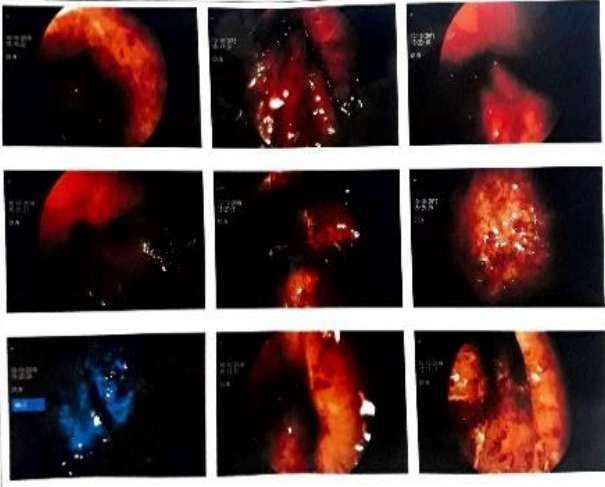
Conclusion
Acute ulcerative (sigmoid) colitis.

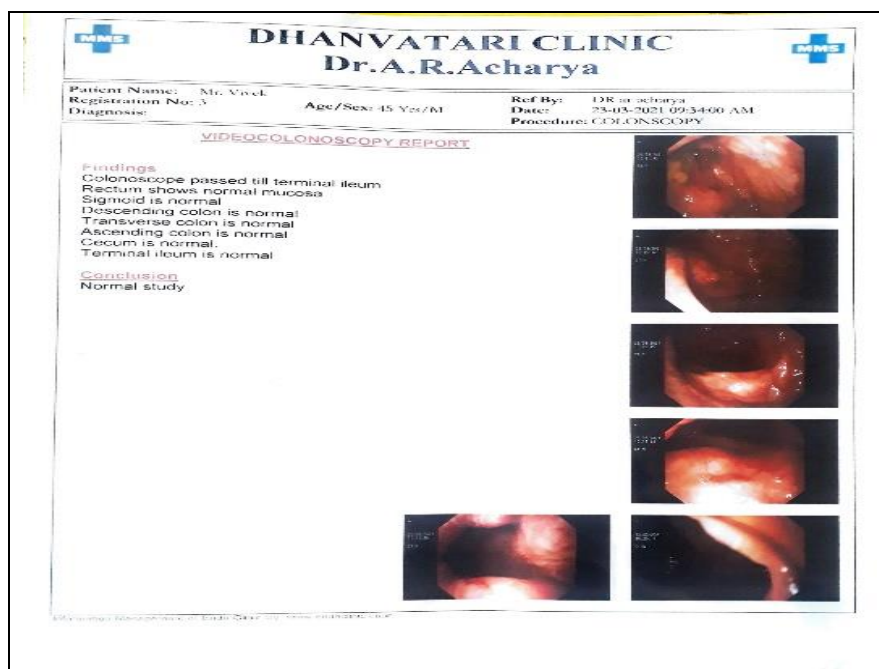
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Dr. A.R. Acharya
D.No.1-119A, Kunjagudde,

Patient Name: Mr. Vivek	Ref By: DR. SRINIVAN RAO
Registration No: 213	Date: 10.10.2015 01:55:00 PM
Age/Sex: 42 Yrs/M	Procedure: Colonoscopy





	Before treatment		After treatment	
Date	14-03-2015	21-08-2016	11-06-2017	23-03-2021
Findings	Rectum, Sigmoid Colon, and Descending Colon: Shows loss of vascularity, Granular mucosa, friability, and ulceration with continuous mucosa involvement. Transverse Colon: normal. The proximal transverse colon shows a patchy area of erythema and loss of vascularity. Ascending Colon - shows a patchy area of erythema and loss of vascularity: IC valve: Normal. Caecum- Normal.: terminal colon-Normal.	Rectum shows normal mucosa Sigmoid colon shows congested mucosa due to small ulcerations descending colon is normal Transverse colon is normal Ascending colon is normal	Rectum shows congested mucosa Sigmoid Colon Congested mucosa. Small ulcers with mucopurulent discharge seen Descending colon - normal The transverse colon is normal Ascending colon is normal Cecum - normal.	Colonoscope passed till terminal ileum Rectum shows normal mucosa Sigmoid is normal Descending colon is normal The transverse colon is normal Ascending colon is normal Cecum is normal The terminal ileum is normal
Impression	: Pancolitis -? ulcerative colitis	Sigmoid colitis	Acute ulcerative colitis	Normal study

Subjective criteria of improvement after treatment –

Sr. no.	Clinical features	BT		AT		Improvement
				Phase I	Phase II	
1	Muhurbaddha muhurdrava mala	+++	++	+	+	moderate
2	saruja mala puti pravrutti	+++	++	+	-	excellent
3	Dourbalya	++	++	++	-	excellent
4	Karshya	++	+	-	+	moderate
5	manasa saada	+++	++	+	-	excellent

DISCUSSION

All diagnostic features. It was clear that *jatharagni mandya*, *dhatwagnimandya*, and *amadasha* were present. *Dhatuvyapara krama* was interrupted due to *agnimandya* and *dosha* involvement was noted. *Apanasamana vata*, *kledaka kapha*, *pachaka pitta* involvement was seen. *Purishavaha srotas*, *Rasavaha* and *Raktavaha srotas* involvement. The main purpose of treatment is to treat *aamadasha* first and normalize *dhatuvyapara krama* and *samatva* of *tridosha*. *Deepana-pachana* was given to the patient for *agnisandhukshana* and *Amapachana*. *Picchabasti* is mainly for *vata – pitta dosha*. Ultimately, the whole treatment is for *samprapti vighatana*. *Kashaya rasa pradhana dravya* acts as *stambhana* and *Ropana*. *saindhava*, *madhu* are promoting permeability of mucosal cells and active transport. absorption of methylcarbonylamine may improve as colonic cell permeability improves. Inhibition of the production of inflammatory mediators reduces further aggravation of ulcers and accordingly, the pain subsides. To reduce the possibility of *aamotpatti*, *deepana pachana* continued. *Madhookasava* is an effective antioxidant, that promotes the healing of ulcers. *Bilvaleha* is given as *rasayana*. *Bilva* is one among *dashamoola*, is *shothahara* hence, reduces colitis and is good for tissue vitality. *Kutaja parpati* is *stambhaka* that reduces excessive mucous discharge. As a result, the whole treatment showed better results. Ingredients of *Piccha basti* have certain unique properties that helped in healing the ulcers of ulcerative colitis [10]. *Mocharasa* acts as *Vrana ropaka* (~wound healing) due to its *Kashaya rasa* and *Sheeta virya*. It is one of the drugs categorized under *Shonita sthapaka gana* (a group of drugs that act as haemostatics).

Studies established the Antioxidant and Anti-inflammatory actions of *Mocharasa*. *Yasthimadhu* is *Vata pitta shamaka* as well as *Shothahara* and is an anti-inflammatory drug [11]. *Ghrita* stimulates *Agni*, besides possessing properties like *Balya* and *Vrana ropana* (healing effect). *Charaka* described *Ghrita* as the best *Vata pitta shamaka dravya* [12]. *Jatyadi ghrita* in *Piccha basti* is helpful in cleaning and healing the ulcers which have small openings, situated on vital spots, which have exudation, deep-seated, painful, and having sinuses [13]. Cow ghee or medicated *ghrita* can be used for these patients due to its *Vatanulomana* and *Agni dipana* properties. *Takra* is helpful to maintain microflora in the gut in Ulcerative colitis [14].

CONCLUSION

Ulcerative colitis is a chronic inflammatory disease that can be managed by *shodhana* and *shamana* line of management i.e., oral medications and *stambhana chikitsa*. According to *Acharya Charaka*, in case a patient passes little blood but frequently with pain and *Vayu* having obstruction does not move or moves with difficulty, then *Piccha Basti* should be administered to him. *Piccha Basti* has been proved useful in alleviating symptoms and reducing severe conditions. The present study sheds light on ulcerative colitis with Ayurveda concepts and its management according to Ayurveda principles.

Key Messages - ulcerative colitis is a chronic inflammatory disorder, which requires treatment for a long period. Here, the Ayurvedic line of, management is given to managing the same and its results are discussed herewith.

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