

**ULCERATIVE COLITIS: A CASE STUDY W.S.R TO AAMAJ RAKTATISAAR****Garima Prateek Singh¹, Rajeev Kumar²**¹Assistant Professor, Dept of Shalya Tantra, Quadra Institute of Ayurved, Haridwar²Assistant Professor Dept of Shalya Tantra, Gurukul Campus Haridwar, Uttarakhand Ayurved University, Harrawala, Dehradun.**Corresponding Author:** gpsingh2009.13@gmail.com<https://doi.org/10.46607/iamj4312012024>**(Published Online: January 2024)****Open Access**

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Article Received: 16/12/2023 - **Peer Reviewed:** 30/12/2023 - **Accepted for Publication:** 15/01/2024.**ABSTRACT**

Ulcerative colitis is one of the most challenging diseases. This disease affects the patient during the most active period of life, i.e., 20-40 years of age. The highest incidence and prevalence of ulcerative colitis have been reported in Northern Europe. It is more prevalent in Western countries; however, recognition of ulcerative colitis is increasing in Asia. Its incidence is 40-1001/100000, which increases with urbanization. It takes a long time to cure and usually relapses. The main clinical features are increased frequency of bowel evacuation, anorectal bleeding, and general debility. The symptoms of ulcerative colitis can be compared with *Raktatisaar* in *Ayurved*. This is a case study of a Female pt aged 36 years suffering from ulcerative colitis for eight months on contemporary medicine. This patient was given *Aamhar Chikitsa*, *Chikitsa of Annavaha Srotas*, and *Pureeshwaha Srotas*, and curative treatment of colonic ulcers with *Matra Basti*. This not only gave the patient relief but also delayed the relapse of the disease for a more extended period. The goal of the treatment was to relieve the patient from the complaint, delay the relapse, improve the quality of life, and reduce or finish the dependency of the patient on steroids.

Keywords: Ulcerative colitis, *Raktatisaar*

INTRODUCTION

Ulcerative colitis is an inflammatory condition of the rectum and colon. Its etiology is unknown. Stress, erroneous dietary habits, faulty lifestyle, dysregulated immune system, familial tendency, and allergic factors are some predisposing factors¹. Low residue, spicy diet with artificial flavors and tastemakers, added preservatives, and reduced physical labor are significant cause of the rising disease incidence. Its clinical features are watery diarrhea, mucous or blood-stained discharge per rectum, colicky pain, spasm, decreased appetite, and weight loss². It relapses and remits at regular intervals. Patients with ulcerative colitis have mucosal inflammation starting in the rectum and extending continuously to proximal colon segments. A colonoscopy reveals inflammation in the rectum extending to the proximal colon, edema, erythema, mucosal friability, bleeding, erosions, ulcerations, and loss of typical vascular pattern with varying stages of ulcerative colitis. In modern medical science, there is no permanent cure for this. Amino salicylates, steroids, and immunomodulators are the course of treatment. At last, surgical resection. Significant complications are toxic megacolon, fulminant colitis, carcinoma dysplasia, massive bleeding, and anorectal complications like an ischiorectal abscess, fistula in ano, and fissure in ano³.

Case study

A female patient aged 36 years had Ulcerative Colitis since 18 months. She was on modern medicine. But the relapse of disease could not be stopped. Presenting complaints were pain in the abdomen, stools mixed with mucous and blood 6-7 times/day, bleeding per rectum and pain and burning in the anal canal, general weakness, and discomfort in lower limbs.

Previous medical history

The patient had consulted a gastroenterologist, where she was diagnosed with ulcerative colitis after a diagnostic evaluation from OGD SCOPY and Colonoscopy that revealed proctosigmoiditis. The patient was on Tab Mesocol (Mesalazine) 400 mg tds, Tab Mornipred (Prednisolone) 20 mg in two divided doses, Tab Metro (metrogyl) 400mg tds, and other symptomatic drugs daily, but she had no relief.

Personal history

The patient was on a mixed diet.

Occupation history

The patient is an IT Professional

Addiction

Occasionally alcohol

Family history

No significant medical or surgical family history.

General examination

The general examination of the patient revealed.

Spo2: 99%

Body weight: 52 kg

Pulse rate: 84/min

Blood pressure: 90/70

CVS and CNS: Normal

P/R Examination: Multiple tears in anal mucosa,

Ashavidha pariksha

Nadi: Pitta Kaphaj

Mala: Saam Mala, Rakt Evum Kapha Mishrit, Dur-gandhita, Pichil

Mutra: Samyak

Jivha: Saam

Shabd: Kshin Swar

Sparsha: Sheeta

Drik: Samanya

Aakriti: Madhyam

Nidan Panchak

Hetu: Aharaa; Akal Bhojan (no regular timings for meals); Atiahara (Overeating), Samshana, Adhyashana, Vishamshan, Ati Kautu and Amla Lavana Rasa Pradhana Ushna Tikshna and Viprit Ahahra.

Vihara: Atichintan (over-thinking) Shoka (sorrow) Chinta (stress) Ratri Jagran

Acharya Sushruta has mentioned in chapter 40 Atisar Pratishedh Adhyaya that one who continues to eat Pitta aggravating food even after having disturbed digestion will suffer from Raktatisara with symptoms like Jwar, Shoola, Trishna, Daha and Darun Guda Paak (Proctitis)⁴.

Samprapti:

Nidan sevan Saman Vayu, Pachak Pitta Dushti -----
-- Mandagni-----Saam Pitta Evum Rakta Dushti--
----- Raakt Yukt Mala Tyag

Differential diagnosis

Chron's disease

Malabsorption syndrome

Chikitsa

Treatment given:

- 1) *Aam pachana*⁵ –Patha, Giloy, Chirayata, Kutaki Kwath early morning empty stomach 20 ml (sh 63)
- 2) *Pittaraktajanya Atisaar Nashak Bilwadi Yoga*⁶:
Apakva Bilwa Phal Majja 2 Masha+ Multhi Churna 1 Masha + Shakra 2 Masha + Madhu 3 Masha ---Anuapan 2 Tola Tandulaodak Dhovan , 5gms daily before meals.
- 3) *Bolaparpati*⁷ -- 250 mg bd after meals
- 4) *Punarnava mandoora*⁸ --- 250 mg bd
- 5) *Jatyadi taila*⁹ --- Matra Basti 5 ml P/R bd after passing stool.
- 6) *Hot sitz bath*¹⁰ bd
- 7) *Anulom vilom*¹¹ 10 min morning evening

Pathya¹²

Mudaga, Matar, Masoor (any one of them) Yusha + Saindhav Lavan +Krishna Marich+ Bharjit Jeerak (sh 60)

Laghu, Supachaya, Sukhoushna, Aahara like Laja Manda Peya, Kharjuradi Manth

Apathya

Stale, spicy, cold, refined flour, nonvegetarian food items, tobacco, and alcohol consumption.

Course of case study

The patient was called every 15 days for follow-up and in case of any emergency like excessive bleeding, pain in the abdomen, or increased stool frequency.

First follow-up (15 days after start of treatment)

Frequency of stool- 4-5/ day

Blood mixed with stool—reduced

Mucous in stool---- reduced

Pain in abdomen – No

Appetite –improved.

Pain and burning in the anal canal – reduced.

Pain in lower limbs, general weakness, less relief

Vitals

B.P: 100/70

Pulse:80

2nd follow-up (30 days after the start of treatment)

Frequency of stools: 2-3 times /day, sometimes watery sometimes well-formed

No blood in stools

Occasionally mucous mixed

Other symptoms relief

Vitals:110/70

3rd follow-up (45 days after the start of treatment)

Frequency of stools: 2-3 times / well-formed

No blood and mucous

Other symptoms: relief

Vitals: B.P 110/80

4th follow-up (60 days after the start of treatment)

Complete relief

The patient was asked to continue the treatment mentioned above for the next 60 days, except *Bolparpati*, to get complete relief and avoid relapse of the disease.

DISCUSSION

Ayurved has always emphasized the importance of *Agni*, including *Jathragni*, *Dhatwagni*, and *Malagni*, for a healthy body. Due to improper *Ahara* and *Vihaara*, this gets disturbed and leads to disease due to *Kha Vaigunya*. Ulcerative colitis, whose exact pathology is still unknown, is considered to be a psychosomatic disease and disturbs immunoregulation. As we know in *Ayurved*, *Agni* is, as a whole, responsible for regulating immunity. When *Jathragni* and *Dhatwagni* work as per their course, food is digested properly, leading to *Samvardhan* of *Dhatu* and *Oja*¹¹ (immunity). Any disturbance in their functioning leads to *Ajirna Aahara* and, at last, *Aam*. *Aam* leads to the formation of various free radicals that cause immunity dysfunction. *Aam* and other *Doshas* get seated at *Khavaigunya* and cause *Vyadhi*. Here, in the case of ulcerative colitis, when all the factors above stand causes Ulcerative colitis.

In this case study, the Patient is an IT professional with an irregular diet, sleeping hours, and work

stress. She began with the symptoms and consulted a gastroenterologist. Although modern medicine for ulcerative colitis, her disease was getting worse. She had come to OPD Quadra Institute of Ayurveda for treatment with the symptoms mentioned above after eight months of therapy. Modern medicines were gradually stopped in tapering doses. She was treated with the Siddhant of Aam Pachana, Deepana, Pitta Pachak, Vatanuloman, Rakt Stambhak, and Vardhak.

- 1) *Aam Pachana* –*Patha, Giloy, Chirayata, Kutaki Kwath* early morning empty stomach 20 ml-*Acharya Suhruta* has prescribed this yoga in *Atisara Pratishedha Adhaya*. This yoga digests not only Aam but also *Pitta Dosha (Saampitta)*. The drugs mentioned above are *Tikta Rasatmak, Ushna Virya Aam Pachak, and Rechaka*.
- 2) *Apakva Bilwa Phal Majja 2 Masha+ Mulethi Churna 1 Masha + Shakra 2 Masha + Madhu 3 Masha ---Anuapan 2 Tola Tandulaodak Dhovan* 5gms daily before meals. *Apakva Bilwa Majja* is *Kapha Pitta Shamak*, an established drug for *Sangrahani*. *Mulethi Churna* is *Pitta Shamak* and *Kahpashodhak, Vran Ropak and Rasayan*. This helps heal the inflammation in the colon and reduces the formation of ulcers. This, along with *Shakara Madhu* and *Tandulodak*, causes *Stambhan* of blood and mucous and provides *Bala*. [1 Masha = 8 Ratti
1 Ratti= 125mg
1Tola =12 grams]
- 3) *Bola Parpati – Rogadhikar –Raktastambhak*. This helps in reducing the bleeding from ulcers.
- 4) *Punarnava Mandura- Rakta Dhatu Vardhan Agni Deepak*. By *Rasa and Guna, Mandura Bhasma* (incinerated form of iron-Fe₂ O₃) pacifies aggravated *Pitta* and maintains *Dosha Samya*, improving digestion and metabolism. *Mandura's* ferric and ferrous fractions provide sufficient iron for normal erythropoiesis. Furthermore, the presence of erythropoietin hormones in cow urine helps improve anemia.
- 5) *Jatyadi tail - Vata Shamak, Vatanulomak, Katu, and Kashay Ras* as *Vranropaka* property helps in

healing of fissures, inflammation of the anal canal.

- 6) Hot sitz bath: Reduces pain, congestion, and inflammation.
- 7) *Anulom Vilom*: Breathing exercises relax the brain, especially *Anulom Vilom*. *Bodhe et al.*, in their study on *Pranayam*, have found that there is a significant decrease in systolic blood pressure, reduction of Sympathetic tone, increase in parasympathetic tone, decrease in stress (reduced baseline glucocorticoid level), increase in plasma melatonin level, and thus brings relaxation of mind. Since stress is considered a significant cause of Ulcerative colitis, reduced stress helps in alleviating the disease.

These formulations have shown a significant effect in comparatively shorter duration.

CONCLUSION

Ulcerative colitis, with the feature of stools with blood and mucous discharge, along with weakness, burning, and pain in the anal region, are classical features of *Aam Raktatisara*. This includes *Agnimandya*, which disturbs *Annavah Srotas* and *Purishwaha Srotas*. Treatment here includes *Nidan Parivarjanam, Aam Pachan, Agni Deepan, Pitta Pachan, Rakt Stambhan, Vranropaka* (heal fissures and ulcers in the colon), *Sothhara Chikitsa*. The above mentioned treatment was found safe and effective in managing Ulcerative Colitis (*Raktatisar*). This study was conducted on a single patient and needs a large-scale investigation to prove its efficacy.

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