

**ROLE OF HOLISTIC APPROACH IN THE MANAGEMENT OF ULCERATIVE COLITIS W.S.R. TO RAKTATISARA – A CASE STUDY****Katarmal Durga Harishbhai<sup>1</sup>, P. Hemantha Kumar<sup>2</sup>**

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**ABSTRACT**

Ulcerative colitis is chronic inflammatory bowel condition which is increasing in prevalence in modern era particularly in age group of 20 to 40 years. The exact cause of this disease is unknown yet. Symptoms of UC are altered bowel habits, increased frequency of defecation, bleeding per rectum, mucus mixed stool and tenesmus etc. Associated symptoms are weight loss, weakness, fatigue etc. On the basis of these features UC can be compared with *Rakta atisaar*: UC is disease of nature with in between symptom free periods. In contemporary science there is no curative treatment for UC. Symptomatic relief is provided with steroidal drugs and drugs like salphasalazine. So, this is need of hour that a protocol should be designed to provide relief to patient suffering from this disease. Present case study focuses on holistic approach towards entity under consideration rather than single formulation of therapy as the disease deteriorates physical and mental wellbeing of patient. A three months of treatment with proper life-style led to complete relief in symptoms.

**Keywords:** Ulcerative colitis, *Rakta atisaar*, inflammatory bowel disease

**INTRODUCTION**

Ulcerative colitis (UC) is included in chronic inflammatory bowel diseases (IBD). The other condition under inflammatory bowel diseases is Crohn's disease (CD). The two entities can be differentiated by

colonoscopic examination in which UC affects mostly anal canal and rectum whereas CD can affect any part of gastrointestinal tract. Symptoms of UC are altered bowel habits, increased frequency of defecation,

bleeding per rectum, mucus mixed stool and tenesmus etc. Associated symptoms are weight loss, weakness, fatigue etc. On the basis of these features UC can be compared with *Rakta atisaar*.<sup>1</sup>

**Incidence** Increasing incidence of IBD can be attributed to lifestyle changes and dietary habits. The age of manifestation is mostly 20-40 yrs. The disease is more prevalent in urban population. There is no definite theory available till date in concern to causes and pathogenesis of IBD.

**Possible causes of IBD are** – Genetic, Defective immune regulation, Stress, Poor digestion, Poor nutrition, Colon infections

In contemporary science there is no curative treatment for UC. Symptomatic relief is provided with steroidal drugs and drugs like salphasalazine. Review of literature reveals that *Rakta atisaar* is disease of *Purishvaha Srotasa*. It is *Tridoshaja* disease with *Pitta* predominance. Sign and symptoms of ulcerative colitis can be co-related with *Rakta-Atisaar*. *Sushruta* has described *Rakta Atisaar* as advanced stage of *Paittik Atisaar*. Its symptoms like *Shulam*, *Vidaaham*, *Gudpaaka*, *Rakta-Pravritti* can be compared with rectal pain,

inflammation, rectal ulceration and bleeding of ulcerative colitis.<sup>2</sup>

### Etiopathogenesis

The root cause of all diseases is said to be *Agnimandya* which occurs due to faulty dietary habits as well as lifestyle habits. Excessive consumption of *Pittaja - Ahara* (*Pitta* aggravating foods) and *Pitta* aggravating regimen leads to vitiation of *Pitta Dosha* which further cause the vitiation of *Rakta Dhatu*. Improper digestion leads to *Agnimandya* and *Vata Kapha* also deteriorates. This *Tridoshadushti* with *Pitta* predominance and involvement of *Rakta Dhatu* leads to manifestation of symptoms such as increased frequency of defecation, mucus mixed stool, bleeding per rectum. The chronicity of the condition shows its effect on general wellbeing of the patient in terms of malnutrition, weakness, fatigue, irritability and confusion. This progresses further if patient continues with the same type of food habits leading to inflammatory changes in rectum and colon. *Ayurveda* aims at modification of lifestyle, use of herbal formulations and *Panchkarma* therapy as management of entity under consideration.

Si.No	Drug	Rasa	Virya	Vipaka	Guna	Action
1.	<i>Bilva (Aegle marmelos)</i>	Kashaya Tikta	Ushna	Katu	Laghu, Ruksha	Grahi, Agnivardhak, Kaphanashaka, Antra-Balkaraka
2.	<i>Surasa (Ocimum sanctum)</i>	Katu, Tikta	Ushna	Katu	Laghu, Ruksha	Vatakaphahara, Agnideepana, Stambhana, Krimihara
3.	<i>Karanja (Pongamia pinnata)</i>	Tikta, Katu, Kashaya	Ushna	Katu	Laghu, Teekshna	Kaphavatahara, Krimighna, Pachana
4.	<i>Tagar (Valeriana wallichii)</i>	Kashaya, Katu	Ushna	Katu	Laghu, Snigdha	Vatakaphahara, Vishahara, Amapachana, Manasarogahara, Nidrakara
5.	<i>Surahva (Cedrus deodara)</i>	Tikta	Ushna	Katu	Laghu, Snigdha	Deepana Pachana Vatahara Vednahara
6.	<i>Nisha (Curcuma longa)</i>	Tikta, Katu	Ushna	Katu	Laghu, Ruksha	Krimighna, Raktavikaraha, Shothahara, Vedanahara
7.	<i>Daru haridra (Berberis aristata)</i>	Tikta, Katu, Kashaya	Ushna	Katu	Laghu, Ruksha	Deepan, Pachana, Raktashodhana, Vranaropana, Kaphapittahara
8.	<i>Haritaki (Terminalia chebula)</i>	Lavana varjya kashaya rasa pradhana panchrasatmaka	Ushna	Madhura	Laghu, Ruksha	Pachana, Anulomana, Sara, Shothahara, Rasayana
9.	<i>Vibhitaki (Terminalia bellerica)</i>	Kashaya	Ushna	Madhura	Laghu, Ruksha	Kaphavatahara, Krimighna, Rasayana
10.	<i>Amalaki (Embolica officinalis)</i>	Lavana varjya amla rasa pradhana panchrasatmaka	Sheeta	Madhura	Ruksha, Laghu	Tridoshaghnanarasayana, Vranaropana, Antra-balya

11.	Shunthi (Zingiber officinalis)	Katu	Ushna	Madhura	Laghu, Snigdha	Kaphavatahara, Deepan, Pachanaamuloman, Amapachana
12.	Maricha (Piper nigrum)	Katu	Ushna	Katu	Laghu, Teekshna	Kaphavatahara, Krimighna, Vishaghna, Shulahara, Rasayana
13.	Pippali (Piper longum)	Katu	Anushna	madhura	Laghu, Teekshna, Snigdha	Kaphavatahara, Deepan, Pachana, Rasayana, Shulprashamana
14.	Goat urine	Kashaya, madhura	Ushna	-	Laghu, Ruksha	Shothahara, Vishaghna

### Case Details

A male patient of age 40 years came to Shalya Tantra OPD of National Institute of Ayurveda with the chief complaints of bleeding per rectum and pain in perianal region since 2 months. Detailed history taking revealed that patient was suffering from abdominal pain, mucus discharge per rectum since 18 years. Frequency of defecation increased over the years upto 7 to 8 times per day with recurrent episodes of diarrhea and mild fever. This led to weakness, weight loss and irritability, anxiety and insomnia. Patient was taking sulphasalazine and omnacortil since last 10 years as prescribed by

gastroenterologist. Routine investigations were within normal limit except ESR which was 35 mm/hr indicative of chronic inflammatory changes. Colonoscopic findings were suggestive of Ulcerative colitis.

### Types of intervention

Oral medication, *Panchkarma - Shirodhara*, Meditation, Asana

1. Oral medications were given for 3 months  
*Bilvadi Gutika* 500 mg BD, *Kutaj Ghan Vati* 500 mg BD

### Contents of Bilvadi gutika<sup>3</sup>

### Contents of Kutaj ghan vati<sup>4</sup>

Sr.no	Drug	Rasa	Virya	Vipaka	Guna	Action
1.	Kutaj (Holarrhena antidysentrica)	Kashaya Tikta	Sheeta	Katu	Laghu Ruksha	Shleshmapittahara, raktahara, samgrahika, Upashoshana, Deepana, Pachana, atisarhara, krumihara
2.	Ativisha (Aconitum heterophyllum)	Katu, Tikta	Ushna	Katu	Laghu Ruksha	Shleshmapittahara, Deepana, Pachana, atisarhara, krumi- hara, amahara

2. *Shirodhara*<sup>5</sup> with *Takra* by standard protocol for 1month.

3. Meditation<sup>6</sup> for 30 minutes daily.

4. *Vajrasan*<sup>7</sup> 10 minutes three times a day

Duration of treatment: 3 months

*Pathya – Apathya*: Patient was advised to avoid spicy, sour, pungent food, nonveg, smoking, alcohol, daytime sleep, exertional activities.

### Observation and result

Patient got complete relief in sign and symptoms with frequency of defecation 2 times per day within three months of treatment. After 3 months medicines were stopped, and patient was advised to include meditation and *Vajrasana* in routine lifestyle. One year follow up was taken via telephonic conversation and patient did not suffer any remission of symptoms.

## DISCUSSION

Ulcerative colitis is inflammatory condition of bowel for which no definitive cause has been established till date by contemporary science. It can be co-related with *Rakta Atisaar* described by Acharya Sushruta as advanced stage of *Pittaj Atisaar*. Disease is prevalent in the age group of 20-40 years. Considering *Dosha Dushti* description, *Rakta Atisaar* occurs due to *Tridosha Dushti* with *Pitta* predominance, so the treatment plan was aimed at pacification of *Tridosha*.

### Effect of interventions

**Oral Medications:** *Agnideepana*, *Amapachana* action of *Bilvadi Gutika* acts on impaired digestive fire (*Agnimandya*). This further leads to proper digestion. Contents of *Bilvadi Gutika* has *Vranaropana* (healing property) as well as *Antrabalya* (Strengthening property)

action which helps in repair of damaged mucosal layer. *Stambhana* action of *Bilvadi Gutika* and *Kutaj ghan vati* is helpful in reducing the frequency of defecation as well as cessation of bleeding.

**Panchkarma:** *Shirodhara* was done with *Takra* with the purpose of pacification of *Vata* and *Pitta Dosha* which acted on insomnia and at the end of one month of *Shirodhara* treatment patient was habituated to sleep for 7 hours.

**Meditation:** It was advised to relieve irritability, anxiety.

**Vajrasana:** It helps in pacification of *Saman Vayu* and *Pachak Pitta* which leads to improvement in digestive function of intestine. This case study is proof of the fact that few chronic diseases requires individualistic approach rather than generalized approach.

## CONCLUSION

Holistic approach of Ayurveda is capable of providing cure for IBD. This case study yielded encouraging results paving the way for development of management protocol for IBD after a clinical study on large sample size.

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