

**MANAGEMENT OF INFLAMMATORY BOWEL DISEASE IN AYURVEDA PERSPECTIVE – A CASE STUDY****Mahesh M P¹, Meera bhattathiripad², Adithyan M D³, M N Sunandana⁴**

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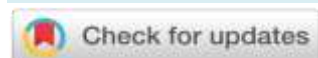
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**ABSTRACT**

Ulcerative colitis is a chronic idiopathic inflammatory bowel disease with a relapsing nature. It is a very challenging disease affecting a patient during the most active period of his life, i.e., 20 to 40 years of age. The main features are anorectal bleeding with increased frequency of bowel evacuation, general debility and abnormal structural pathology in the descending colon, particularly the sigmoid colon. Modern medical science has no permanent curative and safe treatment for this disease. Thus, the following article discusses the method of treatment of the disease using Ayurvedic treatment by shamana aushadhis (Guloochyadi kashayam, Hinguvachadi gulika, Dadimashtaka choorna, Dhanvantharam gulika etc). Based on the signs and symptoms observed in the patient, a treatment protocol was advised. It can become a new way to achieve effective and safe care treatment and significantly improve a patient's condition.

A patient aged 64 years. The Male complained of pain in the abdomen, very bad-smelling mucous discharge in the morning while defecating, loss of appetite, feeling of swelling in the anal region, and pain in HIP bilaterally. Based on the patient's condition, prakruti and samprapti ghatak (pathological factors) a treatment protocol was

designed with the shamana chikitsa. The combination of various powdered herbs like Guloochyadi kashayam, Hinguvachadi gulika, Dadimashtaka choorna, Dhanvantharam gulika etc were advised to the patients with proper dietary instructions and restrictions. The treatment protocol effectively reverses the main symptoms, and it could be extended in future cases by using different combinations of drugs based on other Ayurvedic parameters to obtain even better results. It showed marked improvement in the patient's condition. According to one's Prakriti and combinations of various potential ingredients, diets and lifestyle recommendations, it worked on overall disease management. The management strategy was efficacious in improving the patients' main issues. The case was treated with compound ayurvedic medicines over 3 months with remarkable improvement, which is evident. The outcome of this clinical study will reveal further the effect of ayurvedic medicine on IBD.

Keywords: Pittaj grahani, IBD, Raktaatisara, Hinguvachadi gulika, Guloochyadi kashaya, Dadimashtaka choorna.

INTRODUCTION

Inflammatory bowel disease (IBD) is an umbrella term used to describe disorders characterised by chronic inflammation of the digestive tract. Inflammation occurs due to the attack of the body's immune system to parts of the digestive system. Types of IBD include ulcerative colitis and Crohn's disease. Ulcerative colitis and Crohn's disease are not the same in medical conditions, although both are inflammatory bowel diseases. In ulcerative colitis, inflammation affects only the large intestine and sores (ulcers) develop along the innermost lining of the colon and rectum. Crohn's disease is characterised by inflammation of the lining of any part of the GI tract (from the mouth to the anus). Most often, it affects the last part of the small intestine (Ileum) and the large intestine (colon).

There can be healthy patches of tissue in between diseased areas. Ongoing inflammation causes the intestinal wall to become thick and can lead to a blockage called a stricture. According to Acharya Charaka - raktatisara occurs due to the intake of pitta-vitiating food and drinks by a patient suffering from Pittatisara. So, we can say that people with Pittatisara have a tendency to develop raktatisara (chronic stage of Pittatisara) when they do not follow pathya aahara and vihara. Due to the increased blood in stool in raktatisara, it can be considered an active stage of ulcerative colitis. Bloody diarrhoea along with thirst, pain and burning sensation in the abdomen, fever and inflammation in the anorectum are the clinical features

of raktatisara, which can be correlated with complications of ulcerative colitis. It may occur due to poor absorption of water and electrolytes due to mucosal destruction and ulceration in the mucosal surface of the intestine. A ground-breaking study estimates nearly 1 in 100 Americans have inflammatory bowel disease and shines a light on the growing burden the disorder inflicts in the United States, where up to 56,000 new cases are diagnosed each year. The estimated IBD population in India in 2010 was 1.4 million, the second highest number after the USA (with 1.64 million).

Aims and objectives: To evaluate the effects of Ayurvedic medications in managing ulcerative colitis by a single case study.

Case report

The patient came with complaints of foul-smelling sticky discharge while defecating, especially in the morning, for three months. There was gaseous distention and pain in the abdomen. The bowel is slightly passing after breakfast only, the feeling of swelling in the anal region, ulceration in the mouth and hip and low back pain for two years.

History of present illness –

The patient was well for three months, gradually developing loose motion with blood. He consulted the doctor, and after all examinations, it was diagnosed as IBD, and recently, after 3 months, he has complaints of smelling sticky discharge while defecating, especially in the morning for three months associated

with gaseous distention and pain abdomen. The bowel is slightly passing after breakfast only. The feeling of swelling in the anal region, low back pain for two years, and x-ray shows AVN and hip degeneration on both sides.

Past history: k/c/o inflammatory bowel disease for eight years. degenerated hip on both sides with AVN

Family history- all family members are said to be healthy, and no such relevant history exists.

Psychological history – The patient has been feeling stressed for seven months.

Treatment History: taking Tab Mesacol 800 for 2 years

Personal history

1. Bowel: irregular bowel habits with a feeling of incomplete evacuation of pain
2. Bladder: frequency 5-6 times a day with no nocturia
3. Sleep: Disturbed
4. Diet: veg
5. Occupation: tailor

General examination

Pallor: present
 Icterus: absent cyanosis: no
 Clubbing: no
 Lymph node: not palpable

Blood pressure: 130/80 mm of hg

Pulse: 78/min.

Astha vidha pariksha-

Nadi: samyak (78 beats per minute - regular)

Mala: buddha koshta

Mutra: 4 - 5 times /day

Jihwa: liptata

Shabda: prakruta

Sparsha: ushna Drik: Kalusha

Akruti: Magdhyama

Material and method

Centre of study - this study was carried out in clinic Vadodara.

Study design – single case study

Hetu and samprapti of Shwitra according to ayurveda

Which is correlated with the patient.

Samprapti ghataka–

Dosha – pitha dominant tridosha

Dushya – rasa, rakta,

Srotas - purishavaha srotas, udakvahasrotas,

Annavaha srotas

Sroto dushti -atipravrtti

Agni -jatharagni, dhatvagni

Utbhavasthana - pakvashaya

Adhishtana – pakwashaya

Details of the patient medication on each visit in (15 days interval)

Medication	0 th day	1 st visit	2 nd visit	3 rd visit	4 th visit	5 th visit	6 th visit
Chiruvilwadi kashayam	✓						
Guloochyadi kashayam		✓	✓		✓	✓	✓
Mustakaranjadi kashayam				✓			
Hinguvachadi gulika	✓		✓	✓			
Dhanvantharam gulika	✓	✓		✓	✓		✓
Gasnull Tab			✓	✓	✓	✓	✓
Dadimashtaka choornam		✓	✓			✓	✓
Manasamithra vatakam						✓	✓
Indukantha ghritham					✓		✓
Mahanarayana thailam					✓	✓	
Murivenna	✓						
Karpoora thailam	✓					✓	
Arimedadi thailam	✓						

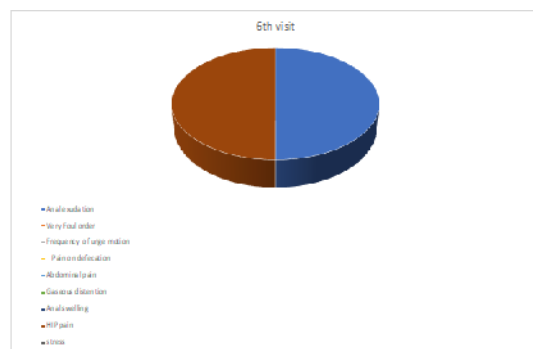
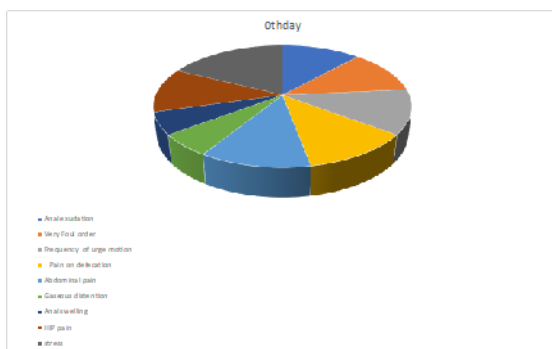
Symptom score on each visit

Symptoms	0thday	1 st visit	2 nd visit	3 rd visit	4 th visit	5 th visit	6 th visit
Anal exudation	++	++	++	+	+	+	+
Very Foul order	++	++	+	-	-	-	-
Frequency of urge motion	++	+	+	+	-	-	-
Pain on defecation	++	+	+	+	+	+	-
Abdominal pain	++	++	+	-	-	-	-
Gaseous distention	+	+	+	-	-	-	-
Anal swelling	+	-	-	-	-	-	-
HIP pain	++	++	+	+	+	+	+
Stress	+++	+++	+++	+	+	-	-

Observation and Results

On 1st visit Pain slightly reduced, Frequency of urge to defecation reduced than before Bad smell on defecation was persisting. On 2nd visit Smell while passing bowels in the morning and Pain much reduced, Gaseous distention feeling is also reduced well. On the 3rd visit, patient feels overall Feeling better, Pain while defecation is reduced, Mucous discharge slightly persists in early morning, Bad smell while defecation in the morning almost nil and gaseous distention

is also well managed. On the 4th visit pain in my hip and low back region was still present. Exudates from anus present in the morning, Abdominal pain is completely reduced, after breakfast motion is passing better and Stress level of patient is reduced. On the 5th visit pain in the hip and low back region persists but slightly better, exudates from anus morning are reduced little, Pain is completely reduced, after breakfast motion is passing better and Stress level of patient is reduced. On the 6th visit overall symptoms got better, mild exudates from anus were present.



DISCUSSION

Ayurvedic principles in managing conditions like ulcerative colitis by focusing on balancing Pitta and Rakta through dietary and lifestyle changes, along with specific treatments. Ayurveda emphasizes the importance of understanding individual constitutions and addressing imbalances in bodily humors to alleviate such conditions. According to Ayurveda, vitiat-

ed, Pitta and Rakta are responsible for inflammation and ulceration. The symptoms of ulcerative colitis can be co-related with Rakta- tiara (bloody diarrhoea), and Raktappravahika as the frequent stool and blood in stool are the main culprits deteriorating the patient’s general health. According to Ayurvedic Classics, People with Pitta Atisara tend to develop Raktatisara when they do not follow Pathyaahara and

Vihara. Again, consumption of hot, spicy and fried food along with stress, anxiety, etc, leads to Rak-tatisara. Therefore, here, the first line of treatment is Nidanaparivarjana, followed by the use of Sansamana Chikitsa [like rakta- Shambhala (blood coagulators) and Purusha- Sanghrahi (anti-diarrheal) medicines]. To measure to digest the ama (Biotoxin) to bring Agni (Digestive fire) to its normal state, control the diarrhoea, restore healthy digestion, and create a bacteria-friendly environment in the body and relieve all other complaints.

Chiruvilwadi kashayam is a critical Ayurveda formulation used for gastrointestinal problems such as indigestion, constipation, piles, fistula, loss of appetite, etc. It is mentioned in Sahasrayogam, Kashaya prakarana. It is deepana, pachana, and Vathanulomana in action. Yoga contains ushna virya and katu pradhana dravyas, pitta vardhaka in effect. He mainly acts in pakwashaya and helps in Apana anulomana.

Guloochyadi kashayam is indicated in All types of Jwara (Fever), Daha (Burning sensation in body), Trushna (Excessive thirst) and problems related to vitiation in Pitta dosha, Chhardi (Vomiting with nausea), Kshudhamandya (Low appetite), Ajeerna (Indigestion). Pharmacological action Of Guduchyadi Kwath has anti-inflammatory and anti-microbial properties, that is why it is helpful in reducing inflammation and arresting microbial growth. It mainly eradicates the burning sensation, sour taste in the mouth, nausea and vomiting associated with acidity. According to Ayurveda, it primarily acts over Pitta Dosha and Kapha Dosha ailments.

Hinguvachadi tablet- therapeutic uses Dosha karma (action on bio humors)- vatakaphahara, vatanulomaka (helps the normal movement of vata humour). Karma on agni (action on bio fire): deepana (digestive), pachana (stomachic). Mala karma (action on our body's waste products): Vinmutra Vibandhahara (relieves obstructions in the passage of vata, faeces, and urine). Sroto karma (action on channels of the body): sroto-shodhaka (removes the obstruction in channels of the body), Khana (scrapes away the vitiated humour, tissues and waste products of our body). Other actions: antacid, antispasmodic, carminative, increases taste

of food, healthy for the throat, relieves worms, colicky abdominal pain. Probable Mode of action in Soola (colicky pain)-Ginger (Sunthi) decreases acetylcholine-induced and electrically induced smooth muscle contractions. The spasmolytic property is accredited to gingerol, which also reduces the biosynthesis of prostaglandins (lipid compounds that have a role in pain perception) and serotonergic activity. Ginger is also anti-inflammatory and aids in managing pain and discomfort accompanying inflammatory changes in the gastrointestinal tract. Celery (Ajamoda) also has spasmolytic action, which is particularly beneficial in decreasing gastrointestinal tract spasms. Cumin also has analgesic, carminative and stimulant effects. It exhibits neurotropic anti-Asarone of Vacha, which relaxes smooth muscle tissue and relieves the spasm—spasmodic action. The anti-ulcerogenic activity of Cuminum cyminum has also been proved.

Gasnull tablet Amla -Drugs that stimulate appetite and are used in the treatment of anorexia and loss of appetite. Agents which stimulate the secretion of gastric juices. Haritaki -Agents that help reduce oxidative stress by scavenging free radicals. Drugs used induce defaecation and bowel emptying in case of constipation. Liquorice -Drugs employed for the treatment of stomach ulcers. Substances that improve digestive processes. Baheda -Substances that prevent or provide relief from the symptoms of diarrhoea. Agents which are helpful against microbial growth and actions.

Dadimashtaka choorna

Dadimashtaka Churna pacify Agni, regulatesjatharagni. Katu and Tikta Rasa pacify vitiated.

Kapha while Ushna Virya of formulation pacifies Vata Dosha. Tikshna Guna and Ushna Virya stimulate Agnithus to boost appetite. Formulation also alleviates Vayu and akashamahabhuta which stimulates all types of Agni. It opens up Sroto avrodha due to its properties such as Laghu, Ruksha, Tikshna Guna and Ushna Virya. The removal of Sroto avrodha stimulates sapta dhatwagnis. Katu Vipaka and Ushna Virya of formulation offerama-nashaka and Laghutwa properties which maintain normal state of Sama Rasa Dhatu and equilibrium of Rasa Raktadi Dhatus. It

possesses Amapachaka property and reduces colonic motility thus helps to manage Muhura drava Mala Pravriti. It helps in absorption of food, acts as Aruchinashaka and Kaphanashaka agent. Dadimashtaka Churna boosts Trishna pacify Agnidushti and control effect of Ardhpakwa Anna and prakupita Pitta since it possesses Trishna shamakam and Anupana quality. Aruchinashaka property of the ingredients of formulation offer relief in Arochaka. Pitta shamaka property of Dadimashtaka Churna relieves Mukha Vairasya. Pacification of Agnimandya and Ama removal of bad purisha. Agni vraddhikara and Vata Kapha hara property of formulation prevent mucous in mala. Dadimashtaka Churna Dadima & Sita offer balya properties thus strengthening Dhatu and metabolic activities. Katu Tikta Rasa and laghu guna of formulation offer samprapti bhanga effect in Grahani Doshha thus reduces symptoms of intestinal problems such as purisha sangrahana.

Indukantha ghritham-

Considering multi-ingredients with diversified therapeutic activities, Indukanta ghritham may have the upper hand against the conventional drugs. It has shown healing property, improved platelet aggregation, inhibited gastric acid secretion, inhibited neo-angiogenesis etc. It is also effective in various symptoms of Parinama shula (duodenal ulcer), i.e., pain abdomen, nausea, vomiting, burning sensation in the abdomen, acid eructation, flatulence, indigestion, constipation, and tenderness in the epigastrium. It also has an immunomodulatory effect which can be utilized in various diseases and their side effects like cancer. Ghrita has a property of Sanskaranuvarana, which means that the above-mentioned properties of all drugs will be carried by Ghrita. All such unique qualities including Rasayana, and other pharmacological properties of the formulation make it a promising drug in the management of acid-peptic disorders. Ghrita has properties such as Ojovardhaka, Rasayana, and Vayahsthapana, which suggests that it is enhancing the longevity. Rasayana dravya keeps tissue functioning at an optimal level and keeps the body at a young age and improves quality of life.

CONCLUSION

It's fascinating to see these studies exploring Ayurvedic approaches for IBD. The reduction in symptoms and the significant decrease in the need for conventional drugs in these studies suggest potential benefits. Dietary advice contributes to positive outcomes for patients with IBD. These results indicate promising avenues for further research and possible alternative or complementary treatments for managing the condition. Inflammatory bowel disease is a disease which cannot be cured entirely in all patients but can be managed by adopting various modalities of Ayurvedic treatment, which provide a better quality of life for the patient. Different oral medicines have been proven helpful in alleviating symptoms and reducing severe conditions. The present study sheds light on IBD with Ayurveda concepts and its management according to Ayurveda principles.

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