



Case Study

AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS: A CASE STUDY

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ABSTRACT

Ulcerative colitis is a chronic inflammatory condition in which patients show altered bowel habit such as diarrhoea, constipation, rectal bleeding, tenesmus, passage of mucous and crampy abdominal pain etc. These symptoms may be relapsing and remitting episodes of inflammation limited to the muscles layer of colon. Allopathic medicine definitely made the life comfortable for human beings with various research and advancement in treatment modalities but in certain disease like ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, inflammatory bowel disease and many more diseases it also searches a search engine and probably Ayurveda play this role in several ways. In Ayurveda *Raktaja Arsh, Raktatisara, Raktaja Pravahika, Grahani* shows symptoms having resemblance with Ulcerative colitis. Ayurveda described various treatment modalities for the management of Ulcerative colitis such as *Anuvasan Basti, Piccha Basti, Samshamanyogas*, proper nutritional supplements, herbal therapy, Yoga and meditation etc. In present study, A diagnosed case of ulcerative colitis, age 61yrs male from Dhanbad, Jharkhand came to OPD of *Kayachikitsa*, Government Ayurvedic College and Hospital, Patna. He complained of pain in abdomen, bleeding per rectum, excessive thirst, pain in joints of lower limb bilaterally. He was given *Anuvasan Basti and Piccha Basti* along with some drugs and his complaints not only relieved delayed remission as well. The goals of the treatment are to improve quality of life, minimize the risk of colon cancer and achieve steroids free remission of the disease ulcerative colitis.

INTRODUCTION

Ulcerative colitis is a cause of significant morbidity worldwide and its incidence ^[1] and prevalence appear to be increasing day by day. Its incidence is rising especially in Northern India, due to erroneous dietary habits and faulty lifestyle. This is substantiated by the fact that urban areas have a higher incidence than rural areas, and High socio-economic classes. It is idiopathic in nature, but there are diet, drugs and stress. It is the result of an abnormal response by body's immune system.

According to Ayurveda, vitiated *Pitta* and *Rakta* are responsible for inflammation and ulceration^[2].

The symptoms of ulcerative colitis can be co-related with *Rakta tisara*^[3] (bloody diarrhoea), *Raktajpravahika*^[4] 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*^[5] have tendency 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 *Raktatisara*. Therefore, the first line of treatment is *Nidana parivarjana* followed by use of *Sansamana Chikitsa* like *Rakta stambhaka* (blood coagulatory) and *Purisha sanghrahi* i.e., anti-diarrheal medicines. To measure to digest the *Ama* (biotoxin) to bring *Agni* (digestive fire) in its normal state and control the diarrhoea and get the restoring health digestion and creating a bacteria friendly environment in the body and relief in all other complaints.

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Case Study

A diagnosed patient of Ulcerative colitis, age 61yrs male from Dhanbad, Jharkhand came to OPD of Kayachikitsa, Government Ayurvedic College and Hospital, Patna. He complained of pain in abdomen, bleeding per rectum, excessive thirst, pain in joints of lower limb bilaterally. His report of colonoscopy biopsy from rectum shows diffuse loss of glandular

architecture and mucin depletion, crypt abscess glandular basal plasmacytosis, diffuse active proctitis. And colonoscopy shows proctitis, hemorrhoids with healed anal fissure. Other hematological parameters were normal, renal parameters and blood sugar also within normal limits. Stool examination occult blood present.

S.No	Hematological reports	Values	Normal Range
1.	Hb% -	12.9 gm/dl	13.6-16.6gm/dl
2.	ESR	46.25 mm/hr.	0.9MM/hr
3.	TLC	8700/cumm	4000-11000/cumm

General Examination

1. Pallor-mild,
2. Blood pressure observed normal.
3. Pulse -regular and thready in nature.

Systemic Examination

4. CVS- No abnormality detected in cardiovascular system,
5. RS- No abnormality,
6. P/A- Soft, tenderness at all over abdomen but especially right & left iliac fossa
7. CNS- Higher mental function were intact.

In Ayurveda, the ancient system of India medicine, is mainly based on the concept of Dosha and Dushya. Due sedentary life style, faulty food habit, stressful working nature, Pitta dosha aggravated diet intake finally led to suppression of Agni (Digestive fire) which are mentioned as root cause of Pittatisara which in chronic stage manifest as Raktatisara.

Treatment**Shodhana Therapy (Biopurificatory)****1. Anuvasan Basti****2. Piccha Basti**

Anuvasan Basti [6]: *Jatyadi tail* used for 80ml to 130ml starting dose 80ml increased by 10ml in successive dose.

Piccha Basti: 300ml of prepared decoction of *Shalmali twak, Yashtimadhu churna, cow milk, Changery Ghrita, Saindhalavana, Tila taila* etc.

In Kaal Basti [17] (8days) manner i.e., *Sneha (Anuvasan) Basti, Niruha (Piccha) Basti, Sneha, Niruha, Sneha, Niruha, Sneha*.

Shamana Therapy (Pacifactory)

Following combination, the drug had been used as follow and changed according to response of the disease. Internal medicine was given continuously for 2 months.

S.No	Aushadhi	Matra	Anupan	Time and Duration	Days
1.	<i>Panchaamruta Parpati</i>	300mg	Honey	BID	2 months
2.	<i>Takrarishta</i>	40ml	20 ml water	BID	2 months
3.	<i>Triphala Guggulu</i>	500mg	Water	BID	2 months
4.	<i>Tablet Styplon</i>	1 tablet	Water	BID	2 months
5.	<i>Capsule Bilwadi</i>	1capsule	Water	BID	2 months
6.	<i>Dadimashtaka churna</i>	6 grams	Water	BID	2 months

According to course of the disease and involvement of *Vata* and *Pitta dosha prakopavastha, Rasa* and *Rakta dhatu, Annavaha* and *Purishvaha srotasa dushti, Sharir- Manas Bala* of patient, we planned for *Basti karma* (enema). First 3 days planned for *Jatyadi tail matra basti tihan piccha basti* given to the patient. We planned for *Piccha basti*. *Piccha basti* reduces inflammation due to its *Grahi, Deepana dravya* and *Picchila guna*[7].

Method of preparation of *Piccha basti* [8](6)- As per *Charaka samhita chikitsa sthana adhyaya 19 Atisara Chikitsa*[9], *Piccha basti* mainly indicated in

Raktatisara, Pittatisara, Raktaja arsha, Virechana atiyoga etc. Here we use *Anubhoot Piccha Basti*. Ingredients of modified *Piccha Basti Kwatha* (decoction): *Shalmali Vritta Kwatha*-100-150ml *Kalka* (paste): *Yasthimadhu* powder 3gm, *Shatapushpa* powder- 3gm= Make a paste by adding 1 glass of water. *Sneha: Changery Ghrita*- 20ml, milk: cow milk-100-150ml, honey- 1-2 Tsf.

Then this prepared enema should be administered through anal route to the patient in left lateral position. When the enema comes out, advice the patient to take food with milk or meat soup.

Ayurvedic Perspective

Acharya Vagbhatta described *Mandagni* refers to diminished digestive fire or diminished enzymatic activities of our body. Acharya Charaka has described digestive system as *Mahasrotas*. While Acharya Sushruta described as *Annavaaha srotas* and *Purishavaha Srotas* in which these diseases like *Grahani*, *Raktatisara*, *Raktaja Arsh*, *Raktaja Pravahika* occurs, which alone or as a complication produces ulcerative colitis like symptoms.

DISCUSSION

As per presentation of disease is progressive disorder of unknown etiology on the basis of sign and symptoms that diagnosed as Ulcerative colitis correlated with *Raktatisara*. The disease Ulcerative colitis is not curable as we know well, but we can improve the life span and quality of life of the patient. Here some of the preparation selected on the basis of involvement of *Doshas*, *Dushya* of the disease. All the treatment of Ayurveda formulations mainly *Rakta Pitta Shamaka*, *Deepana & Grahi* are in nature.

Panchamrut Parpati^[10]: Acts on digestive system especially '*Grahani*' as *Doshaghna*, *Jantughna* and *Balya* and calms the irritation and inflammation of intestinal mucosa by reducing laxity.

Styplon tablets^[11]: Key ingredients *Amalaki Ananatmul*, *lodh* tree, red coral are indicated for *Rakta stambhaka* or treating bleeding symptoms.

Triphala Guggulu^[12]: Is used to provide aid in problems like piles, anal fistula (fistula-in-ano), and constipation. It shows detoxifying and laxative properties because of *Triphala* and *Guggul* present in it. These properties work in sync in improving the digestive fire which helps in providing relief from constipation

Bilvadi Capsule^[13]: Specially indicate in *Atisara & having Deepana, Pachana, Grahi* properties. *Bilva* is a main ingredients having anti-diarrheal, antioxidant, antibacterial, antiviral, gastroprotective, anti-ulcerative colitis, wound healing properties.

Dadimashtaka churna^[14]: Specially indicate in *Grahani, Atisara*, having *Deepana, Pachana, Sangrahi* properties. *Sangrahi* means decreased the frequency of bowel.

Takrarishta^[15]: Is an Ayurvedic milk fermented medicinal product used to maintain normal gut flora against inflammatory bowel disease (IBD).

Piccha Basti has a definitive role in the management of *Raktatisara*. Here the *Picchalyukt dravya* (styptic drugs) are used for the preparation of the *Basti*. Because of this property it has ulcer healing effect. Actions of *Piccha Basti* ^[16] are – *Shothahara* and *Vrana-Ropaka* (anti-inflammatory and ulcer-healing), *Rakta-stambhaka* (haemostatic agent), *Sangrahi* (anti-diarrhoeal), *Pitta Shamaka*. Ingredients of *Piccha basti-*

Shalmali, Yasthimadhu having *Rakta-pittashamaka, Varano-ropaka, Stambhaka* properties.

CONCLUSION

Anuvasan vasti and *Pichha vasti* with medicated drugs not only reduces the complications, symptoms of the disease but also inhibit relapses or reoccurrence of the disease.

REFERENCES

1. Molodecky NA, Soon IS, Rabi DM et al. Increasing incidence and prevalence of the inflammatory bowel diseases with time, based on systematic review. *Gastroenterology* 2012; 142: 46–54.e42
2. Bailey and Love. *A Short Practice of Surgery*. Jaypee Brothers, New Delhi, 24th edition, 2004: 1163-64
3. Murthy S translator, *Ashtanga Hrdaya*, Chikitsa Sthana, Chapter 9, Shloka 82-84, p. 347, 2014, Chaukambha Krishnadas Academy, Varanasi.
4. *Raktajpravahika* Upadhyaya Yadunandana, *Madhava Nidanam of Madhavakara*. Chapter 3, Verse no. 22. Edition reprint 2006. Chaukhambha Publications: Varanasi
5. Sharma PV editor, *Charaka Samhita Chikitsa Sthana*, Chapter 19, Shloka 69,70, 2007, Chaukambha Ayurveda Pratisthan, Varanasi, p.329.
6. Agnivesha, Charaka, *Dridbala, Charaka samhita, Chikitsa sthana, Arsha Chikitsa Adhyaya*, edited by Pt. Kashinath Shastri & Dr.Gorakhnath Chaturvedi, edition 2002, Chaukhambha Bharati Academy, Varanasi, 14/ 228.
7. Acharya YT, editor. *Sushruta Samhita of shushruta, Uttara Tantra, Ch. 40, ver.138* 2nd ed. Varanasi: Chukhambha Sanskrit Sansthan 2004. p, 243
8. Agnivesha, Charaka, *Dridbala, Charaka samhita*, edited by Pt. Kashinath Shastri & Dr.Gorakhnath Chaturvedi, edition 2002, Chaukhambha Bharati Academy, Varanasi, Chikitsa sthana, *Atisaar Chikitsa Adhyaya*, 19/ 67-68 edition 2002; 570pg.
9. Agnivesha, Charaka, *Dridbala, Charaka samhita*, edited by Pt. Kashinath Shastri & Dr.Gorakhnath Chaturvedi, edition 2002, Chaukhambha Bharati Academy, Varanasi, Chikitsa sthana, *Atisaar Chikitsa Adhyaya*, 19/ 67-68 edition 2002; 570pg.
10. Mishra Siddhinandan, *Bhaishjya Ratnavali siddhiprada Hindi vyakhasahita Adhyaya* 8/461-484; Chaukhambha Bharati Academy Varanasi. 2012; 293.
11. *Dravyaguna Vijnyana part 2*; Acharya Priya Vratna Sharma page no 455, 616, 758, 798.
12. *Ayurveda Sara Samgraha*. (1928). Baidyanath Ayurveda Bhawan Ltd

13. Dravyaguna Vijnyana part 2; Acharya Priya Vratta Sharma page no 455
14. Mishra Siddhinandan, Bhaishjya ratnavali siddhiprada Hindi vyakhasahita; Adhyaya 8/38-39; Chaukhambha Bharati Academy Varanasi. 2012; 259.
15. Agnivesha, Charaka, Dridbala, Charaka samhita, Chikitsa sthana, Grahani dosha Chikitsa Adhyaya, 15/120-121 edited by Pt. Kashinath Shastri & Dr.Gorakhnath Chaturvedi, edition 2002, Chaukhambha Bharati Academy, Varanasi 2002; 470pg
16. Agnivesha, Charaka, Dridbala, Charaka samhita, Chikitsa sthana, Arsha Chikitsa Adhyaya, 14/ 228 edited by Pt. Kashinath Shastri & Dr.Gorakhnath Chaturvedi, edition 2002, Chaukhambha Bharati Academy, Varanasi 2002; 447pg
17. Prof.P.V. Sharma, Caraka-Samhita (Agnivesa's treatise refined and annotated by Charaka and redacted by Dridhbala), (Text with English Translation) Published by: Chaukhamba Orientalia, Varanasi, vol.2, reprint edition 2011, pg no.594.

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