



Research Article

A CLINICAL CASE STUDY ON PITTAJA ATISARA WITH REFERENCE TO ULCERATIVE COLITIS

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ABSTRACT

The symptomatology of Ulcerative Colitis (UC) presents from irregular, incomplete bowel evacuation to mucous and bloody defecation. Direct correlation of UC in Ayurvedic literature is not possible, may be correlated to *Pittaja Atisara, Rakthaja Atisara, Kshataja Grahani, Samgrahini Grahani*. This case report shows diagnosed case of Ulcerative Colitis with *nidana* (etiology), *Samprapti* (pathophysiology) and *Rupa* (clinical presentation) similar to *Pittaja Atisara*. Signs and symptoms observed were stools mixed with blood & mucous (*Pita-Haridra-Saraktha-Sadavalaprabham*), *Udarashula* (abdominal pain), *Payusanthapa* (burning sensation in anal region) and showed *Rupa* that of *Pittaja Atisara*. Treatment was given according treatment approach of *Pittaja Atisara viz., Langhana, Pachana* and *Picha Vasthi*. Initially patient general condition was worst, managed under the guidance of modern medicine consultation and gradually tapered to Ayurvedic medicines. Oral medicines chosen were based on *Rakthasthambaka, Vranaropana, Agni deepana* and *Grahi* action, the drugs used for *Pichha vasti* are *Madhu, Charngeryadi ghritam, Murivenna, Yashtimadhu kalka, Shalmali kwatha*. A 45-day course of treatment was given, during which 30 *Picha Vasthi* were administered, includes 14 days of solely *Vasthi* and the final 11 days of *Samsarjana Kala*. Treatment outcomes were evaluated using partial Mayo scores and through routine blood tests and colonoscopy. Partial Mayo score was evaluated at 0th, 15th, 30th, and 45th day of the treatment cycle. Total partial Mayo Index score went from Severe Disease (9) to Remission (1). Total Leucocyte Count (TLC) and indices for hemoglobin and RBC returned to normal range after treatment. The patient got improvement and Ayurveda treatment protocol was successful.

INTRODUCTION

One of the two main clinically recognized forms of Inflammatory Bowel Disease (IBD) is Ulcerative Colitis (UC) and Crohn's Disease. UC is a chronic, remittent, and progressive inflammatory condition that affects colonic mucosa. Looseness of bowel with mucous and blood, abdominal pain, weight loss, and fever are the clinical presentations. A higher risk of colon cancer is linked to this condition. Most pharmaceutical compounds commonly used to treat IBD have side effects such as headache, diarrhea,

nausea and worsen the quality of life. Due to side effects of drugs like Mesalamine 5-aminosalicylic acid (5-ASA) patients are forced to stop the medicine and to choose other alternative options for better care and to increase the quality of life. Thus, there is a need to search a satisfactory mode of management for this clinical condition in other medical systems. This is an endeavor to bring out a diagnosed case of UC which was successfully managed with *Pittadhika Atisara* (*Pitta* predominant diarrhea) line of management at Dept. of Kayachikitsa, Banaras Hindu University, Varanasi, in March 2021.

Demographic Data

- **Patient's Name-** x
- **Age-** 45years
- **Sex-** Male
- **MRD No. -** 4002227
- **Date of admission-** 22-02-21
- **Date of discharge-** 09-04-21

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- **Marital status** – Married
- **Occupation**-Self-employed (daily wages)/farmer
- **Address:** Mau, UP

Presenting Complaints

C/O

Passing of blood and mucous mixed loose stool for about 4-6 times/day – 3months

Associated with,

- Pain in lower abdomen
- Burning sensation in the anal verge
- Generalized weakness
- Episodes of fever
- Fatigue on exertion
- Weight loss
- Sour eructation

History of Presenting Complaints

According to the patient,

A male patient of age 45 years, was asymptomatic 3 months ago,

- **3 months ago:** On one night he experienced lower abdominal pain, abdominal distension, sour belching. Later, next day he developed loose stools about 5 to 6 times per day and observed drops of blood and mucus after defecation. He felt urgent urge to pass stool after every meal with abdominal cramps and gradually symptoms intensified with more frequent stools. Within 4 days he was passing persistently watery diarrhea mixed with fresh blood and mucous. He was seen by nearby general practitioner who treated him for symptomatically and referred for further care.

Approached SSH, BHU, there further evaluations and investigations were taken and diagnosed as ulcerative colitis and medications were suggested and he got some relief and discharged with medications.

1 Month Ago

Discontinued medications without proper medical advice, Symptoms aggravated and he experienced diarrhea with mucoid discharge after eating or drinking, had episodes of fever, which lasted for 10 days. He again approached SSH, medications were prescribed.

Currently

Patient is passing 4-6 times semi solid stools per day with burning sensation in the anal verge. Diarrhea is mucoid and bloody which occurs day and night along with lower abdominal pain which was of pricking type. Color of stool was light red with or without clots, along with foul smell and with semisolid consistency. Patient complains of malaise, lethargy, and anorexia. He has lost about 5kg in the past 3 months. (56kg to 52kg)

He had relapse in symptoms on withdrawal of medications and noted increase in severity of the condition and generalized weakness. So consulted SSH

Ayurveda OPD and then got admitted in IPD for further care and management.

Aggravating factors: Non-veg & spicy food

Relieving factor: Lukewarm water and light food intake.

H/O of Fever

No H/O vomiting

Surgical history: None

Birth History: Normal Delivery

Drug History

Tab Mesocol OD 1200mg (mesalamine)– 1 OD

Tab Predmet 8mg (methyl prednisolone)– 1 BD

Tab Ethamsip 500 (ethamsylate)– 1 BD

History of Past Illness N/K/C/O Hypertension, Diabetes Mellites-II, No relevant other history

Family History: No similar complaints in the family

Personal history

Diet- Mixed, was in habit of taking non-veg, spicy and oily foods regularly

Bowel habits- Blood and mucus mixed loose stools (4-5 times/day, 1 to 2 times/night)

Appetite- Reduced

Micturition- 5 to 6 times/day & 1 to 2 times/night.

Sleep-Disturbed (5hrs/day, difficulty in falling asleep)

Addictions- Tobacco use (bidees, chewable), Alcohol- once/weekly & occasionally (locally available-200ml)

Physical work- Active (daily wages work)

Socio-economic status - poor

Weight - 52kg

General Examination

Vital Signs

Pulse: 66/min, regular,

Blood pressure: 110/76 mm Hg

Respiratory rate: 18/min (abdomino - thoracic, regular)

Temperature: Afebrile

Systemic Examination

1. Central Nervous System

- Patient is conscious and well oriented to person, place, and time.
- General condition: Active and talking.

2. Cardiovascular System

- S1, S2 normal, no added sounds.
- No chest pain, cyanosis, palpitations on exertion.

3. Respiratory System

- Bilaterally symmetrical
- B/L equal air entry, no added sounds.

4. GIT Examination

Oral Examination

- Oral cavity: No aphthous ulcers
- Lips: Pale, no ulceration and inflammation.
- Gums: Normal
- Teeth: Tartar present

- Tongue: Pale, not coated
- Tonsils & Tonsillar pillar: Normal

Per Abdomen Inspection

- Shape: Flat, no bulged flanks
- Pulsation: Visible pulsations absent
- Prominent veins: Absent
- Pigmentation: Absent
- Umbilicus: Central and inverted
- Scar and striae: Absent.

Auscultation

Bowel sounds: Heard normally

Palpation

- No crepitus
- Pain and tenderness in the hypogastrium and left Iliac quadrant.
- No palpable mass and no organomegaly

Percussion

- Liver dullness elicited in right hypochondrium
- Tympanites in other quadrants

Per Rectum Examination

- No skin tags, no visible fistula openings
- Normal sphincter tone
- Presence of bloody discharge

Table 1: Ashta Sthana Pareeksha

1. Nadi	66/Min, Mandam	4. Sabda	Sphutavat
2. Mutra	Prakritam, Eshat- Pitam	5. Sparsha	Ushnam
3. Mala	Raktha, Pita, Haridra, Phenilam, Pichilam	6. Drik	Prakritam
7. Jihwa	Eshat-Raktha, Aliptam	8. Akriti	Madhyama

Dashavidha Pareeksha

1. **Prakriti-** Vata-Paittika

2. **Vikriti-**

Hetu- Katu ahara sevana (chaat masala, pani puri, pakkoda etc, sabji as spicy), non-veg food such as-fried chicken, mutton etc)

Abhishyandi ahaara (Dahi, Oily foods)

Akalabhojana

Vishamashana

Dosha- Pittapradhana Tridosa

Dushya- Rasa, Raktha

Srotas- Purishavaha, Rasavaha, Rakthavaha

Adhishtana- Ama pakwashaya

Agni- Mandagni

3. **Sara** - Madhyama, Raktha sara

4. **Samhanana**- Madhyama

5. **Pramana**- Madhyama

6. **Satmya**- Katu rasa, Ruksha Ahara Satmya,

7. **Satva** - Madhyama

8. **Aharashakthi**

Abhyavaharana Shakthi- Avara

Jarana Shakthi-Avara

9. **Vyayamashakthi**- Madhyama

10. **Vaya**- Madhyama

Sroto-Pareeksha

Srotas Involved: Rasavaha srotas, Rakta vaha srotas, Purishavaha srotas

Vikruta Lakshana

- Agni nasha, Udarashoola, Angamarda, Pandutavam, Tantra, Hrillasa,, Krishangatha, Akala palitham, Asya virasyam (Rasavaha srotas)

- Gudapaka, Rakthapitta (Rakthavaha srotas)
- Krichrena alpalpam, Atigradhitam, Atibahu-upavishantham (Purishavaha srotas)

Dushti Prakara: Atipravritti

Differential Diagnosis

As per Modern medical science

- 1) Irritable bowel syndrome
- 2) Crohn's disease
- 3) Rectal Malignancy
- 4) Ulcerative colitis

As per Ayurvedic science

- 5) Pittaja Grahani
- 6) Rakthaja Pravahika
- 7) Pittaja Atisara

Investigations

Before Treatment

- CBC(22/02/2021) - F/S/O microcytic hypochromic anemia & increased TLC with neutrophilia
- LFT, RFT, RBS (22/02/2021) – No significant values
- ESR (22/02/2021) - Raised (25 mm/hr.)
- Stool- Routine Microscopy & Culture Sensitivity
- Urine- Routine Microscopy & Culture Sensitivity
- Sigmoidoscopy
- Histopathology; Small Tissue Biopsy
- Viral markers – (HBsAg, Anti HCV, HIV I&II) - Non-Reactive

Table 2: Stool Routine & Microscopic Examination dated 25/02/2021

Stool Routine & Microscopic Examination		
Physical Examination	Observed	Normal Observation
Colour	Yellowish Brown	Yellowish Brown
Consistency	Semi Solid	Semi Solid
Mucus	Present (+++)	Absent
Blood	Present	Absent
Odour	Fecal	Fecal
Microscopic Examination		
Cyst	Not Detected	Not Detected
Trophozoites	Not Detected	Not Detected
Charcot - Leyden Crystals	Not Detected	Not Detected
Ova	Not Detected	Not Detected
Adult Parasite	Not Detected	Not Detected
RBC	5-8	absent /hpf
Macrophages	Nil	Occasional /hpf
Pus Cells	15-18	0-5 /HPF
Epithelial cells	20-22	occasional/hpf
Stool pH & Reducing Substances		
Stool for pH	5.8	7-7.5
Stool for Reducing substances	Not Detected	Not Detected

Special Investigations

Sigmoidoscopy Report (25/2/21)

Colonoscopy Preparation: Unsatisfactory
 Examined up to splenic flexure.

- Granular and friable mucosa, erosions
- There is complete loss of vascularity
- Some spots of coagulated blood on mucosa, head of scope
- No transition zone seen
- UCEIS 4/8

Impression : **Ulcerative colitis**

Histopathology; Small Tissue Biopsy
 Nature of specimen: Biopsy from rectosigmoid mucosa.
 Gross Description: Received multiple grey white tissue pieces aggregate measuring 0.5x0.3x0.2cm.
 Blocks: Entire tissue submitted in one block.
 Microscopic Examination: The colonic biopsy shows disorganization of glandular architecture. It shows gland atrophy, disarray, disorientation, and variably sized crypts which at places fall short of the muscularis mucosae layer. Lamina propria shows moderate to dense infiltrate of plasma cells, lymphocytes, moderate number of eosinophils and few lymphoid follicles. There are foci of neutrophilic infiltrate with cryptitis and crypt abscess formation. The plasma cell infiltrate reaches the deep portions of lamina propria. No granuloma or dysplasia is seen.
 Impression: **Ulcerative colitis**

Table 3: Final Diagnosis

Disease	Inclusion	Exclusion
IBS - D (Irritable Bowel Syndrome)	Satisfying ROME IV criteria for IBS	Investigation revealed true pathologies
Crohn's disease	<ul style="list-style-type: none"> • Diarrhea with mucous and blood • Abdominal pain • Urgent need to move bowels • Fever • Loss of appetite • Weight loss • Fatigue 	No upper GIT Signs and symptoms viz Mouth ulcer, Hemoptysis, Nausea, and vomiting
Rectal malignancy	<ul style="list-style-type: none"> • Diarrhea with mucous and blood • Abdominal pain • Fever • Weight loss • Fatigue 	Biopsy revealed no dysplasia and granuloma
Ulcerative colitis	<ul style="list-style-type: none"> • Diarrhea with mucous and blood • Abdominal pain • Urgent need to move bowels • Fever • Loss of appetite • Weight loss • Fatigue 	Diagnosis
Pittaja Grahani	<ul style="list-style-type: none"> • <i>Atisrushta dravam, Puti gandham, Peetabham -Atisaryate,</i> • <i>Ajeernam</i> • <i>Amlodgara,</i> • <i>Aruchi</i> 	Stools mixed with blood & mucous
Raktaja Pravahika	Stools with <i>Raktha, Pravahana</i>	Stools mixed with blood & mucous
Pittaja Atisara	<ul style="list-style-type: none"> ▪ Stools mixed with blood & mucous (<i>Pita-haridra-saraktha-sadavalaprabham</i>) ▪ <i>Udarashula</i> ▪ <i>Payusanthapa</i> 	Diagnosis

Final Diagnosis: Pittaja Atisara (Ulcerative colitis)

Table 4: Treatment Given

Formulation	Drugs	Generics	Dose	Route	Frequency & Duration
IVF	DNS	Dextrose Normal Saline	500 ml	I/V	OD x 7days (22/02/21-28/02/21)
IVF	NS	Normal Saline	500 ml	I/V	BD x 7days (22/02/21-28/02/21) OD x 5days (01/03/21-05/03/21)
Inj.	MVI	Vitamin A (1000IU) + Thiamine (Vitamin B1) (5mg) + Vitamin B2 (1.40mg) + Vitamin D3 (100IU) + Pantothenic Acid (Vitamin B5) (2.50mg)	I/V with NS		OD x 7days (22/02/21-28/02/21)

Inj.	Monocef	Ceftriaxone	1g	I/V	BD x 4days (22/02/21-25/02/21) OD x 3days (26/02/22-28/02/21)
Inj.	Pantop	Pantoprazole	40 mg	I/V	OD x 7days (22/02/21-28/02/21)
Inj.	Emeset	Ondansetron	4mg	I/V	BD x 7 days (22/02/21-28/02/21)
Inj.	Tranexa	Tranexamic Acid	500 mg	I/V	BD x 7days (22/02/21-28/02/21) OD x 7days (1/03/21-07/03/21)
Tab	Mesocol OD	Mesalazine/ Mesalamine	1.2g	P/O	1Tab BD x 7days (22/02/21-28/02/21) 1 Tab OD x 7days (01/03/21-07/03/21) ½Tab OD x 7days (08/03/21-14/03/21)
Cap.	Autrin	Cyanocobalamin15mcg+ Ferrous fumarate 300mg+ Folic acid 1.5 mg		P/O	1Cap OD x 21days (22/02/21-14/03/21)
Tab	Ethamsip- 500	Ethamsylate	500mg	P/O	1 BD x 10 days (22/02/21-02/03/21) 1 OD x 7 days (03/02/21-09/03/21)
Tab	Bandy-plus	Ivermectin (6mg) + Albendazole (400mg)		P/O	1OD H/S x 3 days (23/02/21-25/03/21)
Tab\ vati	<i>Rakthastha mbak vati</i>	<i>Nagakeshar -100 mg Shuddha Laksha -100 mg Mocharasa -100 mg Shuddha Gairika - 50 mg</i>		P/O	2 TID x 21 days with hot water (23/02/21-13/03/21)
Powder/chu rna		<i>Vilwa churna - 3g Pravala pishti - 500 mg Nagaramotha churna - 2g Nagakeshara churna - 2g</i>		P/O	½ x 1 matra x 28 days With honey (23/02/22-23/03/21)
Tab/ vati	<i>Kutaja ghana vati</i>	<i>Kutaja twak, Ativisha mula</i>		P/O	2 BD x 21days (23/02/22-15/03/21)
Enema/ vasthi	<i>Picha Vasthi x 30 days (prepared as per classical reference)</i>				
		<ul style="list-style-type: none"> ○ <i>Madhu - 50 ml</i> ○ <i>Charngeryadi ghritam - 50ml</i> ○ <i>Murivenna - 50ml</i> ○ <i>Yashtimadhu kalka - 25g</i> ○ <i>Shalmali kwatha - 150 (filtered)</i> (leaves, stalks, flower buds) (50g + 500ml water → 200ml) ○ <i>Dugdha (boiled and as lukewarm) - 100ml</i> 		P/R	OD morning (@ 9-10am) (25/02/21-26/03/21)
Samsarjana krama	Monitored the patient with <i>Laghu ahara Manda → Peya → Vilepi</i>				(27/03/21-08/04/21)

Pathya and Apathya Advised

Pathya

- Light foods, Moong-dal khichdi, rice-once/day, mixed aatta- roti, kache papitha sabji (raw papaya), kacha kela sabji (raw banana) with more haldi.
- Guda (desi jaggery)
- Fruits – Pomegranate (anar), apple, gooseberry (amla)
- Diluted goats milk

- *Mustha siddha jala* (50g boiled with 3lt water, reduced to 1.5lt) for drinking
- *Laghu vyayama*
- 45 min day sleep, *Pranayama*

Apathya

- Spicy foods, fast foods, *Dadhi, Matsya, Mamsa*
- Strenuous work

OBSERVATION AND RESULTS

Subjective Parameters

Table 5: Patients got improvement in the subjective parameters assessed thorough Partial Mayo Score

Domain	0 th day	15 th day	30 th day	45 th day
Stool frequency	3	1	1	0
Rectal bleeding	3	2	0	0
Physicians rating	3	2	1	1
Total	9	5	2	1

Also reported:

No burning sensation in the anal region while defecation.

No colicky pain.

Desire to consume food

Total Partial Mayo Index Score changed from Severe Disease =9 to Remission = 1

Table 6: Objective Parameters

CBC	04/02/21 (Before Treatment)	05/04/21(After Treatment)	
Parameters	Observed Value	Observed Value	Normal Value as per Lab
Total Leukocyte Count	14.1×10³/μL	5.5 ×10 ³ /μL	4-10×10 ³ /μL
[DLC] Neutrophill	77%	65%	40-70 %
Lymphocyte	32 %	32 %	20-40%
Monocyte	2 %	2 %	2-10%
Eosinophill	7%	5%	1-6%
Basophill	0.00 %	0.00 %	Less than 2%
Rbc Count	3.57×10⁶/μL	4.75×10 ⁶ /μL	4.5-5.5×10 ⁶ /μL
Haemoglobin	9.5 gm/dl	11.7 gm/dl	13-17 gm/dl
Platelet Count	1.75×10 ³ /μL	1.75×10 ³ /μL	150 - 450×10 ³ /μL
Packed Cell Volume	46.2 %	46.2 %	40-50 %
MCV	70.9 fl	85.6 fl	80-100 fl
MCH	23.8 pg	28.8 pg	27-32 pg
MCHC	28.5 gm/dl	33.5 gm/dl	31.5-34.5 gm/dl

RFT & LFT - No significant changes noted

Colonoscopy – Patient refused to do the procedure

Discharge Medicines

1) *Raktha Sthambaka vati* - 2 Tab TDS

2) *Vilwa churna*- 3g

Lodhra churna - 3g

Nagakeshara churna- 3g ½ matra with honey x BD

Mustha choorna- 3g

Pravalapishiti- 500mg

3) *Mustha panajala*

(50g boiled with 3L water, reduced to 1.5 L)- For drinking

4) *Kutaja Ghana vati* - 1 Tab TDS

5) Tab Stop IBS - 1Tab TDS

6) Cap Autrin- 1Tab BD

Review after 21 days

Advice Given to Patient

Continue the discharge medicines.

Take plenty of fluids, avoid heavy work, follow all previously advised *Pathya* and *Apathya*.

Do periodic consultations.
Do not stop the medicine without proper medical advice.

Follow Up

1st visit a/f 30 days
No bloody & mucoid stools
No colicky pain
C/O generalized weakness
Rx

Arogyavardhini vati 1 tds

- CST

Advised

- Colonoscopy
- Routine Blood investigations (CBC, RFT, LFT)
- Stool for occult blood

DISCUSSION

“If a physician is not able to name a particular disease, he should not feel ashamed on that account because it is not always possible to name all types of diseases in definite terms”.^[1] Direct correlation of ulcerative colitis to Ayurveda is challengeable and depends on presentation of patient itself. In this patient pathology and symptomatology is similar to that of *Pittaja Atisara*.

Charakacharya says, a person of *Paittika* constitution indulging in the following factors gets *Paittika* type of *Atisara* (diarrhoea); excessive intake of sour, saline, pungent, alkaline (*Kshara*), hot and sharp (*Tikсна*) ingredients, affliction of the body by excessive exposure to the heat of strong (*Pratata*) fire, hot rays of the sun and hot wind; and excessively wrathful and jealous disposition. Similarly, patient had habit of taking food having *Pitta* aggravating properties, *Katu ahara sevana* (chaat masala, pani puri, pakkoda etc, sabji as spicy), non-veg food such as-fried chicken, mutton etc), *Abhishyandi ahara* (Dahi, oily foods), *Akalabhojana*, *Vishamashana*, with *Vata pitta prakriti* and used to work in farmland in hot sunlight days.

Then, this aggravated *Pitta* on account of its liquidity suppresses the power of *Agni* (power of

digestion), and having arrived at the colon, disintegrates the stool because of its heat, liquidity and mobility thereby causing *Paittika* type of *Atisara* (diarrhoea).The signs and symptoms of *Paittika Atisara* are as follows, the patient voids frequent loose motions which are either yellow, green, blue or black in colour; stool is mixed with blood and bile, and it is excessively foul smelling; and patient suffers from morbid thirst, burning sensation, excessive sweating, fainting, colic pain and hot sensation and there is suppuration of the anus.^[2] The feces are yellow, black, turmeric like (deep yellow) or algae like (green); mixed with blood and foul smelling, the person has thirst, fainting, perspiration, burning sensation; elimination is accompanied with pain, burning sensation and ulceration of the rectum.^[3]

In this patient symptoms were showing that of *Pittaja Atisara viz.*, stools mixed with blood & mucous (*Pita-haridra-saraktha-sadavalaprabham*), *Udarashula* (abdominal pain) and *Payusanthapa* (burning sensation in anus).

Other possible correlations for ulcerative colitis are *Samgrahini Grahani* by Madhava Acharya, *Kshataja Grahani* by Acharya Ganathasen, characterized by frequency of liquid stools and passing of mucous and blood mixed stool due to *Kshata* (ulcers) in *Grahani* (intestine), *Rakthaja Atisara* as in Ayurvedic classics can be correlated to ulcerative colitis of chronic and bleeding type.

Treatment principles of *Pittaja Atisara* includes, *Langhana*, *Pachana* and *Picha Vasthi*, prior to being admitted to the hospital, the patient's general health was worse and he was already taking modern medications. We started him on modern parenteral therapy and enteral medications based on references and consultations from modern medicine, gradually tapered the dosage, and then switched exclusively to Ayurvedic treatment modalities, as mentioned in the treatment session above.

Table 7: Rationale behind medicine prescriptions

DNS (dextrose normal saline) Normal saline	As a maintenance fluid
Inj. Ceftriaxone	To reduce infection and to prevent nosocomial infection
Inj. Pantaprazole	Proton Pump Inhibitor To prevent antibiotic induced gastritis
Inj.ondansetron	5HT3-Antagonist To prevent nausea and vomiting
Tranexamic acid	Anti-fibrinolytic To prevent bleeding
Ethamsylate	Coagulant To prevent bleeding

Mesalamine	5-ASA Choice of drug in ulcerative colitis
Cap Autrin (Cyanocobalamin 15mcg + Ferrous fumarate 300mg + Folic acid 1.5 mg)	As a hematinic To treat and prevent iron deficiency anemia
<i>Raktha Sthambaka vati</i>	<i>Sthambana</i> action
Combination of <i>Churna</i> powders	
1) <i>Nagakeshara churna</i> (<i>Mesua ferrea</i> Linn.) ^[4]	<i>Deepana, Pachana, Arshoghna, Grahi, Krimighna, Shonitasthapana, Jvaraghna, Balya</i>
2) <i>Vilwa churna</i> (<i>Aegle marmelos</i> Corr.) ^[5]	Best among <i>Samgrahika, Deepana, Vata-Kapha hara.</i>
3) <i>Mustha choorna</i> (<i>Cyperus rotundus</i> Linn.) ^[6]	Best among <i>Samgrahika, Deepana, Pachana</i>
4) <i>Pravalapishhti churna</i> ^[7]	<i>Laghu, Sitala, Deepana, Pachana, Balya, Raktapittahara,</i>
<i>Kutaja Ghana vati</i>	
1) <i>Ativisha</i> (<i>Aconitum heterophyllum</i> Wall.) ^[8]	Best among <i>Deepana, Pachana, Samgrahika</i> and alleviating all the <i>Dosas</i> .
2) Bark of <i>Kutaja</i> (<i>Holarrhena antidysenterica</i> wall) ^[9]	Alleviating <i>Kapha-Pitta-Rakta, Samgrahika</i> and <i>Upashoshana</i>

Pichha Vasti

Picha Vasti means medicated having *Picchila* property (sticky or lubricant). *Pichila guna* itself act as *Lepana* (coating)^[10] and have *Jeevana* (enlivening), *Balya* (nourishing) and *Sandhana* (healing) property.^[11] Acharya Charaka has described *Pichha Vasti* for the treatment of *Pravahika* (dysentery), *Gudabhransha* (rectal prolapse), *Raktasraava* (bleeding per rectum) *Jwara* (fever), *Pitta-Atisara*, *Shotha* (inflammation), *Gulma*, *Jeerna Atisara* (chronic diarrhoea) and *Grahani Dosha*.^[12] In this present case, the drugs used for *Pichha Vasti* are *Madhu*, *Charngeryadi ghritam*, *Murivenna*, *Yashtimadhu kalka*, *Shalmali kwatha* made its from leaves, stalks, and flower buds.

Table 8: Rationale in dosage is as per *Chakrapani tika & Vrinda* ^[13]

<i>Makshika</i> (honey)	4 <i>Pala</i> - 200ml	50ml
<i>Sneham</i> (<i>Changeriyadi ghritam + Murivenna</i>)	4 <i>Pala</i> - 200ml	50ml
<i>Kalkam</i> (<i>Yashti-madhu kalkam</i>)	2 <i>Pala</i> - 100ml	25g
<i>Kwatha</i> (<i>Shalmali kwatham</i>)	10 <i>Pala</i> - 500ml	125ml
<i>Avapa</i> (milk)	4 <i>Pala</i> - 400ml	100ml
*1pala = 50 ml		

Probable mode of action of *Pichha vasti* can be explained through

- Shothahara & Vrana-Ropaka* (anti-inflammatory & ulcer-healing)
- Raktastambhaka* (haemostatic agent)
- Sangrahi/Stambhana* (anti-diarrhoeal)
- Pitta Shamaka*
- Agnideepaka*

***Mocharasa* (Resin of *Salmalia malbarica*)**

Due to its *Kashaya Rasa* and *Sheeta Virya*, it has *Vrana ropaka* (ulcer-healing) property.

Acharya Charaka has kept it in *Shonita sthapana Gana*, thus it checks bleeding (hemostatic agent). Latest researches also prove its anti-diarrheal effect. The polyphenols and tannins present in *Salmalia malbarica* provide strength to intestinal mucosa, decrease intestinal secretion, intestinal transit and promotes balance in water transport across the

mucosal cells.^[14] It is *Picchila* (sticky or lubricant) in nature thus, forms protective film over intestine and avoid friction over mucosa. *Shalmali* resin (*Mocha rasa*) exudates contain gallic and tannic acids. From various researches done recently throughout the world it has been shown that both gallic acid and tannic acids have anti-oxidant and anti-inflammatory actions. It is a chemical that causes inhibition of pro cytokine production from mast cells and release of histamines.^[15]

Ghrita

Ghrita helps in stimulating *Agni* and it also has a *Balya* and *Vrana Ropana*. In Ayurveda classics it is mentioned that *Ghrita* is best *Pitta shamaka dravya*. *Pitta* is responsible for inflammation and ulceration process. Across the whole colon *Sneha (Ghrita)* produces an impenetrable layer, there will not be any electrolyte loss, and by preventing inflammatory

mediators from directly attacking the mucosa, the inflammatory process will be reduced, making the healing process easier.

Milk (Dugdha)

It makes the *Vasti Mridu* and alleviates *Pittadosha*.

Murivenna

Wound in the ulcerative colitis can be considered on the lines of *Vrana* and approached accordingly. *Acharya Sushruta* has mentioned *Shashti Upakramas* and *Sapta Upakramas* for the complete management of *Vrana*. Among the 60 *Upakrama*, *Taila* is one that has shown effective for reducing pain and promoting wound healing and is now used in common practice^[16]. *Murivenna*- a commonly used *Anubutha Yoga* listed in Kerala Ayurveda pharmacopeia has *Vedanasthapaka* and *Shothagna* effect. It promotes fast recovery from both fresh and chronic wounds and ulcers. All medications of *Murivenna* have qualities identified as *Vedanasthapaka*, *Shothahara*, *Vranaropaka*, and *Vranashodhaka*, which will aid in the right treatment of all *Vrana* types. The medium used to process all these medications was coconut oil, which possesses qualities similar to *Varnya*, *Dahashamaka*, *Pittashamaka*, *Shoolaprashamana*, and *Vranaropana*.

Yashtimadhu (Glycyrrhiza glabra)/liquorice

Yashtimadhu is *Vata-Pitta shamaka* and has *Shothahara* property. Liquorice has anti-inflammatory, analgesic, anti-oxidant, and ulcer healing properties^[17]. Due its *Rasayana* property, it increases the potency of other drugs and overall increases the general condition of the patient

Raktastambhaka Theory

Ingredients of *Piccha Basti* owing to their *Kashaya Rasa* and *Sheeta Veerya* act as *Raktastambhaka* (haemostatic agent). *Pitta* is the dominating *Dosha* responsible for bleeding per anus. *Pittashamaka* properties of *Piccha Vasti* are due to *Madhura*, *Tikta* and *Kashaya Rasa*. So, it pacifies vitiated *Pitta Dosha* and as well *Rakta*. *Vranaropaka/Shothahara* action in ulcerative colitis intestine gets inflamed and sensitized, when food passes through intestine and contacts its mucosa. *Vasti* drugs reach up to the rectum and colon and form protective film over it, avoid friction over mucosa, inflammation subsides and mucosa becomes normal due to its different contents it has *Shothahara* and *Vranaropaka* property.

Agnideepaka Action

From Ayurvedic point of view *Agnimandya* is the root cause of ulcerative colitis so *Agni Deepaka* property of *Pichha Vasti* helps in breaking the pathogenesis of the disease.

Sangrahi Action

Simultaneously *Pichha Vasti* also has *Sangrahi* property which reduces the bowel frequency and there

will also be no loss of electrolytes and protein losing enteropathy.

CONCLUSION

The clinical presentation of ulcerative colitis in this case could be considered as *Pittadhika Atisara*. *Agni Deepana* (increase in power of *Agni*), *Vrana Ropana* and *Grahi* should be the principles of management. Instead of *Sthambhana*, *Grahi* should be the drug of preference. *Pichha vasthi* has major role in management of *Pittaja Atisara* and ulcerative colitis *Raktha sthambhana* and *Vrana ropana* should be given prime importance in the management. The patient had further benefitted from the adjuvant usage of *Pana* and *Pathya Ahara* (a healthy diet).

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