

Ayurveda management of Pancolitis: A Case Study

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ABSTRACT

Pancolitis is a very severe form of ulcerative colitis. Pancolitis is a kind of inflammatory bowel disorder (IBD) that affects the entire internal lining of the colon. The precise causes of this inflammatory disorder are unclear, although physicians assume that autoimmune diseases and genetic predispositions might play a role in its progress. An individual with such a condition is expected to experience abdominal pain, recurrent episodes of bloody diarrhea, and persistent fatigue. Long-standing ulcerative colitis increases the risk for colon cancer. The treatment of ulcerative colitis involves medications and/or surgery. Since inflammatory bowel disease is currently an area of active and productive research, new treatments are anticipated which, it is hoped, will be of value in ulcerative/pan colitis. In such a scenario Ayurveda can be a ray of hope as it has some good remedies to cure this disease. In Ayurveda, Pancolitis can be correlated with Raktaj Atisaara and treated accordingly. The present study describes a complex case of Pancolitis where drugs like Hingvashtaka Churna, Shatavari Ghrita, Panchamruta Parpati etc along with Maatra Basti not only stopped the bleeding in stool but ,decreased the frequency of stool to 2 per day Panchamruta Parpati was used in increasing dose and the toxicity study is also done.

Keywords *Pancolitis, Rakta Atisaara, Ulcerative Colitis, Panchamruta Parpati, Maatra Basti*



INTRODUCTION

Pancolitis is a very severe form of ulcerative colitis. Pan refers to the fact that the disease is spread throughout the large intestine, from the cecum to the rectum. Pancolitis is a kind of inflammatory bowel disorder (IBD) that affects the entire internal lining of the colon. It typically appears as a less serious condition termed ulcerative colitis, goes untreated, and extends throughout the large intestine. The symptoms are very similar to those of an ulcerative colitis patient except their severity. An individual with such a condition is expected to experience crampy abdominal pain, recurrent episodes of bloody diarrhoea, intermittent rectal bleeding and persistent fatigue. Ulcerative colitis can also be associated with inflammation in joints, spine, skin, eyes, the liver and its bile ducts. Long-standing ulcerative colitis increases the risk for colon cancer. This is especially true when a patient has this chronic form of the disease for a long time, i.e., ten years and more.

The precise cause of this inflammatory disorder is unclear, although physicians assume that autoimmune diseases and genetic predispositions might play a role in its progress. Severe stress for longer duration may worsen the condition. A physician commonly first attempts to remedy the disorder with anti-inflammatory medications and pain relievers, although surgery is usually needed to prevent long-term health dilemmas.

In Ayurveda, Pancolitis can be correlated with *Raktaj Atisaara* (Diarrhoea along with blood)¹ having symptoms like severe pain, burning sensation, stool with blood and thirst. Treatment of *Raktaj Atisaara* (Diarrhoea along with blood) includes cold treatment like goat milk with *Shatavari ghrta* (Ghee medicated with *Asparagus racemosus*), honey, sugar and *Maatra Basti* (Therapeutic enema with medicated oils or Ghee) or *Pichha Basti* (Therapeutic enema of decoction, with drugs having healing and nourishing properties) depending on the tolerance capacity of the

patient² any one *Basti* (Therapeutic enema) is selected. *Agni deepana* (promotes appetite) is main treatment along with this therefore, drugs like *Shatavari Ghrit* (Ghee medicated with *Asparagus racemosus*) and *Hingvashtak* (powder of combination of 8 drugs containing *Asafetida* mainly) helps to improve the digestion power.^{3 & 4}

CASE PRESENTATION

A 62 yr old male suffering from pancolitis visited Shree Gulabkunverba Ayurveda hospital, Jamnagar, Gujarat on 9/11/2013 with frequency of stool 15-16 /day. He had this complain since eight months. Patient had urge for stool immediately after meals. Before eight

TABLE 1 DESCRIBING ORAL DRUG SCHEDULE

No	Name of drug	Dose	Anupaana	Duration
1	<i>Hingvashtaka Churna</i> availed from the in house pharmacy of hospital	2gms TDS	With buttermilk after food	2 Months
2	<i>Panchamruta Parpati</i> availed from the in house pharmacy of hospital	250mg TDS	With buttermilk after food	15days
3	<i>Kutaja ghanvati</i> availed from the in house	250 mg BD	With water after food	1 Month

pharmacy of hospital

4	<i>Bael</i> (Himalaya drug co)	cap 500mg TDS	With water after food	2 Months
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Anupaana of buttermilk is very important for best efficacy of *Hingvashtaka* and *Panchamruta parpati* drugs

months the frequency of stool was 5-6 which has slowly increased and has reached to 15-16 per day, consistency of stool was watery, foul smelling and along with blood. Other symptoms includes gastric irritation after meals, heaviness and gurgling sound in abdomen mostly in evening time, more release of flatus, very poor appetite, much weakness, feverish and sleep disturbances at night. Patient had lost almost 6kgs of weight loss due to which he was feeling weakness and temperature during fever was around 99° F. Sleep at night was disturbed due to more frequency of stool along with more flatus at night.

TABLE 2 DESCRIBING MAATRA BASTI (therapeutic enema) SCHEDULE - 2 COURSES OF MAATRA BASTI (therapeutic enema) WERE GIVEN WITH A GAP OF 7 DAYS.

No.	Name of drug	Dose	Duration
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1	<i>Shatavari Ghrita</i> (Nagarjuana Kerala co)	30 ml	Both these drugs were mixed together and total 60ml of
2	<i>Jatiyadi Tail</i> (Arya vadiya shala Kottakal)	30ml	<i>Maatra Basti</i> (therapeutic enema) was given for 21 days.

Using the same drugs 2nd course of *Maatra Basti*(therapeutic enema) was given again for 21 days. 7 days gap was kept between the two courses of *Maatra Basti*(therapeutic enema).

Stress was the major causative factor in this patient as his eating habits and regimen were much disciplined. Patient had a job in private firm where he hold the highest position so, he had a very stressful life for many years. By nature he was too perfect in his work and expected same from others which were not possible all the time. Currently, he has retired from his job therefore, the main causative factor; stress is absent which is a plus point in the treatment of the patient. Patient is known case of thalassemia minor his Hb was 7.6 g/dl and ESR 57 mm/hr (measured on the next day of admission in morning empty stomach at Gulabkunverba Ayurved hospital Jamnagar). His blood pressure was always towards the lower side around 110/60mmHg.(Blood pressure was measured daily in morning around 9.30 am and in eve around 4.00pm) The colonoscopy report showed moderate to severe Pancolitis.

TREATMENT

According to Ayurved patient was diagnosed as *Rakta Atisaara* (Diarrhoea along with blood) and was treated accordingly. Initially he was given drugs which improves the appetite and promotes the digestion. *Hingvashtaka Churna*, *Panchamruta Parpati*, *Kutaja ghanvati* and *Bael cap* were main internal drugs. Treatment protocol is shown in table 1. In *Panchakarma* (5 procedures for body purification) treatment *Maatra Basti* (therapeutic enema) along with whole body massage and steam was planned. Massage was done with *Bala Ashwagandha* oil as it helps to subside the aggravated *Vaata*. In *Basti* (therapeutic enema), *Shatavari Ghrita* and *Jatiyadi oil* were mixed together in equal quantity. *Basti*(therapeutic enema) schedule is shown in table 2.

Hingvashtaka churna- It is a powder of 8 drugs, they are *Shunthi* (Zingiber officinale), *Maricha* (Piper nigrum), *Pippali* (Piper longum), *Ajmoda* (Carum roxburghianum), *Saindhava lavana* (Rock salt), *Shweta Jeeraka* (Cuminum cyminum), *Krushana Jeeraka* (Carum bulbocastanum) and *Hingu* (Ferula narthex).

Panchamruta parpati - It is metallic preparation of 5 drugs, they are *Gandhaka* (Sulphur), *Paarad* (Mercury), *Lohabhasma* (Ash of iron), *Abharaka bhasma* (Ash of Mica), *Taamra bhasma* (Ash of Copper).

Kutaja Ghanvati: pills of water soluble extract of *Holarrhena antidysenterica*.

Bael cap: Capsule of *Aegle marmelos* extracts (Himalaya Drug Company)

As patient had very low Hb, it obstructs the healing procedure so, total four iron sorbitol injections with an interval of 4 days were given. Hb was increased to 10gms (measured after 10days after completion of injection course) and for severe weakness six injections of multivitamins every alternate day were given.

Dietary Do's and Don'ts

Patient was strictly instructed to eat only boiled green gram (*Mung dal*), overcooked rice, boiled green gram (*Mung*), green gram soup (*Mung soup*), bottle gourd and pomegranate was permitted. After proper appetite he was permitted for *Roti* (Indian bread) and few other vegetables like *Taroi* (*Luffa acutangula*/ Ridged gourd), *Dhamargava* (*Luffa cylindrica*/Sponge

gourd), *Patola* (*Trichosanthes dioica*/Pointed gourd) were permitted.

Initially *Panchamruta Parpati* was given along with *Hingvashtaka Churna* details showed in table 1&2. Frequency of stool decreased to 7 to 8 and later there was slow improvement therefore, from 15th day of treatment *Panchamruta Parpati Kalpa* treatment was started. *Panchamruta Parpati* was sequentially increased from 250mg to 2gms and was sequentially decreased. Details are given in Table 3.

With the same sequence i.e 250mg decrease per day the dose was decreased from 2gms to again 250mg. Total time duration for whole *Kalpa* (Sequential increase and decrease of drug) was 15 days. When we are using *Panchamruta Parpati* at such a high dose it is very important to undergo the toxicity study. In this patient toxicity study was done for liver and kidney functions and all reports are normal as shown in Table 4. The scanned copy of the reports is attached here with.

DISCUSSION

According to Allopathic science the opinion is Pancolitis cannot be cured, but with the right treatment, you may be able to control

symptoms and even experience periods of remission, or times when you're symptom-free. The first type of prescription medication used is usually an anti-inflammatory drug that will help to reduce inflammation and therefore reduce the symptoms of pancolitis.

TABLE 3 EXPLAINING *PANCHAMRUTA PARPATI KALPA PRAYOGA*

Days	Name of the drug	Dose	Anupaana
1	<i>Panchamruta Parpati</i>	250mg BD	With butter milk after food
2	<i>Panchamruta Parpati</i>	500mg BD	With butter milk after food
3	<i>Panchamruta Parpati</i>	750mgBD	With butter milk after food
4	<i>Panchamruta Parpati</i>	1gm BD	With butter milk after food
5	<i>Panchamruta Parpati</i>	1.25 gm BD	With butter milk after food
6	<i>Panchamruta Parpati</i>	1.500 gm BD	With butter milk after food
7	<i>Panchamruta Parpati</i>	1.750gm BD	With butter milk after food
8	<i>Panchamruta</i>	2gm BD	With butter

<i>Parpati</i>	milk after food
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Kalpa prayoga was started from 250mg of *panchamruta parpati* and with sequential increase of 250mg daily the maximum dose was 2gmBD and again with the same sequence it was decreased.

Some anti-inflammatory drugs may include sulfasalazine, balsalazide, and corticosteroids. In more severe cases, immune system suppressors such as azathioprine and cyclosporine may be used. When medications don't work, surgery may eventually be performed to remove damaged portions of the colon. But, it is observed that with these treatments patients are not fully satisfied and they are always in search of a permanent cure. Very few opt for surgery. Simultaneously Ayurved has few drugs which not only decreases the diarrhoea but also helps to heal the inflammation of intestine there by curing the disease.

TABLE 4 SHOWING LAB REPORTS FOR HEAVY METAL ESTIMATION IN SERUM

Name of heavy metal	Method	Value	Units	Normal range
ARSENIC	ICP-MS	0.79	µg/l	< 5.00 µg/l
CADMIUM	ICP-MS	0.52	µg/l	< 1.50 µg/l
MERCURY	ICP-MS	1.88	µg/l	< 5.00

			µg/l	µg/l
LEAD	ICP-MS	41.23	µg/l	< 150
CHROMIUM	ICP-MS	1.43	µg/l	< 30.0
M				µg/l
BARIUM	ICP-MS	5.69	µg/l	< 30
				µg/l
COBALT	ICP-MS	0.76	µg/l	< 4.00
				µg/l
CAESIUM	ICP-MS	1.29	µg/l	< 5.00
				µg/l
LITHIUM	ICP-MS	<0.01	µg/l	< 20.0
				µg/l

Use of *Panchamruta parpati* in such a high dose does not causes any toxicity

The patients of pancolitis has very poor appetite and digestion. So, the first line of treatment should be *Deepana* (which promotes the appetite) & *Paachan* (which promotes the digestion) which is very important. Without *Agni* (digestive power) none of the treatment will respond. Another most important thing is, to manage is *Vaata* because pancolitis is a chronic stage having more frequency of stool. So, involvement of *Vaata Dosha* in the pathogenesis is inevitable. Therefore, *Hingvashtaka* which is mainly indicated in *Agnimandhya* (decreased appetite)⁵ is given in the beginning only as it increases the digestive capacity and destroys all type of *Vaata*

diseases. Along with *Hingvashtaka Churna*, *Panchamruta Parpati* is also given as it is specifically indicated in chronic diarrhoea and *Mandagni*.⁶ It destroys the disease from the body and rejuvenates the human body.

Now we come to third drug i.e *Kutaja* (*Holarrhena antidysenterica*), *Kutaja* (*Holarrhena antidysenterica*) is *Sheeta Veerya* (cold potency) and is indicated as *Vrana Ropana* (wound healing property) which is very helpful in healing the inflammation of intestine in this disease.^{7&8} At the same time it is *Krimihara* (antihelminth) and *Stambhana* (retention) and is best *Sangrahi* (promotes absorption). *Kutaja* (*Holarrhena antidysenterica*) is renowned drug for the treatment of pancolitis⁹.

Bilva (*Aegle marmelos*) is mainly *Vaata Kapha Shamaka* (pacifies the increased bio humors). It is *Deepana* (promotes appetite) *Paachana* (promotes digestion) and *Grahi* (promotes absorption). It helps to improve the appetite and help in stool forming. The antiulcer activity and gastric mucosal defensive actions of *Bilva* (*Aegle marmelos*) is supported by following research articles.

Antiulcer Activity of *Bilva* (Aegle marmelos): Goel R..K (1997) reported that oral; administration of pyranocoumarin isolated from the seeds of Aegle marmelos Correa, showed significant protection against pylorus-ligated and aspirin-induced gastric ulcers in rats and cold restraint stress-induced gastric ulcers in rats and guinea pigs.¹⁰

Dhuley J. N; (2007), reported that pre-treatment of Rats with unripe *bael* fruit extract produce a significant inhibition of absolute ethanol induced gastric mucosal damage.¹¹ The mechanism of action appeared to be due to mucosal defensive factors.

Regarding the *Maatra Basti* (therapeutic enema) the procedure itself is indicated in all *Vaata* diseases. According to the pathogenesis of disease various types of oil, *Ghrita* or both to gather are utilized in *Maatra Basti* (therapeutic enema). In this patient combination of *Jatiyadi* oil and *Shatavari Ghrita* was planned as both has very good healing property. The possible mode of action of both the drug is explained as below:

Shatavari (*Asparagus racemosus*) is *Sheeta Veerya* and *Vaata Pitta Shamaka*. It is *Balya*, *Medhya* and *Rasayana*.¹² Various references are cited showing the gastrointestinal effects of *Shatavari* (*Asparagus racemosus*). Its action is reported to be comparable with that of the synthetic dopamine antagonist metoclopramide¹³. The juice of fresh root of *Asparagus racemosus* has been shown to have definite curative effect in patients of duodenal ulcers.¹⁴

A. racemosus along with *Terminalia chebula* reported to protect gastric mucosa against pentagastrin and carbachol induced ulcers, by significantly reducing both severity of ulceration and ulcer index. Decreased volume and increased pH of the secretions in drug treated rats suggest a reduced responsiveness of the gastric parietal cells to secretagogues and narcotizing agents.¹⁵ Cytoprotective effect has been suggested to be due to increased output of mucus.

Shatavari (*Asparagus racemosus*) has been suggested to heal the ulcers by potentiating defensive factors and many hypothesis have been put forward for its possible mechanism¹⁶ (i). It may prolong the life span

of mucosal cells, increase the secretion and viscosity of mucus and strengthen the mucosal barrier and thus reduces H⁺ ion back diffusion into the mucosa.

- (ii) *Shatavari* (*Asparagus racemosus*) may form a complex with mucus of other substances at the base of ulcer which may protect the ulcer from the corrosive and proteolytic effects of acid-pepsin.
- (iii) It may have cytoprotective action like that of prostaglandins.

Jatiyadi Taila (containing Til tail *Sesamum indicum* oil, *Jatipatra Myristica fragrans*, *Neem patra Azadirachta indica*, *Patola patra Trichosanthes dioica*, *Karanj patra Pongamia pinnata*, *Madhuchchhisht Beeswax*, *Yashti madhu Glycyrrhiza glabra*, *Kushtha Saussurea lappa*, *Haridra Curcuma longa*, *Daruharidra Berberis aristata*, *Kutuka Picrorrhiza kurroa*, *Manjishth Rubia cordifolia*, *Padmakashth Prunus cerasoides*, *Lodhra Symplocos racemosus*, *hareetaki Terminalia chebula*, *Neelotpala Nymphaeae stellata*, *Suddh tuttha Copper sulphate (purified)*, *Shweta sariva Hemidesmus indicus*, *Karanj Seeds of pongamia pinnata*) it is mainly indicated in *Dushta Vrana* (non healing wounds)¹⁷. It is widely used in Ano rectal problem due to its healing property.

So, a combination of drugs like *Shatavari* (*Asparagus Racemosus*) and *Jatiyadi Taila* (ingredients as above) would be best in *Maatra Basti* (therapeutic enema) for disease like pancolitis. Both has ulcer healing property which heals the inflammation throughout the intestine.

The most important thing in *Maatra Basti* (therapeutic enema) is, it should retain for longer duration. The more it retains more it heals. So, patient was advised to take complete rest after instillation of *Basti* (therapeutic enema).

CONCLUSION

Kutaja (*Holarrhena antidysenterica*) and *Bilva* (*Aegle marmelos*) are *Stambhana* (retention) and *Grahi* thereby decreasing the frequency of stool. The combination of *Jatiyadi oil* and *Shatavari Ghrita* in *Basti* (therapeutic enema) promotes the healing in intestine as they both possess the ulcer healing property which is most important in this disease.

Havoc about mercury is just a myth. High dose of mercury as *Panchamruta Parpati Kalpa Prayoga* does not produces any toxic effect which is clearly shown in the toxicity study reports. Over all it can be concluded that *Deepana* (promotes appetite) *Paachana*

(Promotes Digestion), *Grahi*(absorption), *Stambhana* (retention) and *Vrana Roopana* (wound healing) line of treatment can be adopted in pancolitis.

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REPORT

NAME : NARENDRA K PATADIA (62Y/M)

REF. BY : DR JOBAN MODHA MBBS

TEST ASKED : BLOOD ELEMENT ANALYSIS PROFILE, HEMOGRAM - 6 PART (DIFF), HBA

SAMPLE COLLECTED AT :

M/S, ARIHANT ENTERPRISE, VRUNDAVAN ARCADE, SHOP NO. 3, YAGNIK ROAD, OPP. RAMKRISHNA ASHRAM, RAJKOT - 360001

TEST NAME	METHOD	VALUE	UNITS
DIABETES SCREEN (BLOOD)			
HbA1c	H.P.L.C	5.9	%
Reference Range :			
Below 6.0% - Normal Value			
6.0% - 7.0% - Good Control			
7.0% - 8.0% - Fair Control			
8.0% - 10% - Unsatisfactory Control			
Above 10% - Poor Control			
Technology : FULLY AUTOMATED H.P.L.C USING TOSOH G8.			
AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	123	mg/dl
Reference Range :			
90 - 120 mg/dl : Excellent Control			
121 - 150 mg/dl : Good Control			
151 - 180 mg/dl : Average Control			
181 - 210 mg/dl : Action Suggested			
> 211 mg/dl : Panic Value			

(Note: Average Blood Glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level over past three months.)

Technology : Derived from HBA1c values

Please correlate with clinical conditions.

Sample Collected on : 23 Dec 2013 08:00
Sample Received on : 24 Dec 2013 22:55
Report Released on : 25 Dec 2013 14:16
Sample Type : EDTA
Labcode : 241200932/GUJ53
Barcode : 31319633/HOME



Dr. Suhas Sakhare MD



Dr. Caesar Sengupta MD

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