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## Ayurvedic Approach for the Management of Ulcerative Colitis - A Case Report

Madan Bhandari<sup>1\*</sup>, Prasanna N. Rao<sup>2</sup>, Mahesh Kumar E S<sup>3</sup>, Rajkishore Shah<sup>4</sup> and Kajal Jha<sup>5</sup>

<sup>1-3</sup>Department of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, India

<sup>4-5</sup>IOM, Ayurveda Campus, Kathmandu, Nepal

### ABSTRACT

Ulcerative Colitis (UC), a variant of nonspecific inflammatory bowel disease, is characterised by diffuse inflammation involving the rectal and colonic mucosa and submucosa. The exact cause of it is still unknown but the genetic predisposition, dysfunction in immune system, history of smoking, environmental factors are included in the aetiological theories<sup>1</sup>. Bloody diarrhoea is considered as a cardinal symptom associated with other complaints of tenesmus, urgency, weight loss, weakness etc. In United States, UC has the prevalence of 37 to 246 peoples per 100,000 persons and incidence of 2.2 to 14.3 new cases per 100,000 per year<sup>2</sup>. The diagnosis of UC is suspected by clinical examination and confirmed by colonoscopy aided with biopsy. As UC has repeated episodes of exacerbation and relapse the aim of treatment lies on continuing the remission with minimal drugs and minimise the risk of carcinoma<sup>1</sup>. Pharmacological management includes the topical or systemic use of drugs like 5-ASA, TNF-alpha blockers (like infliximab), thiopurines (like azathioprine, 6-MP), and different steroids<sup>3</sup>. Elective surgery is indicated in refractory cases with drug therapy or where the signs of dysplasia is found. The common surgery performed is total proctocolectomy with Ileal pouch anal anastomosis<sup>4</sup>. In Ayurveda, the spectrum of signs and symptoms can be correlated with many conditions like PittajaAtisara, Grahaniroga etc.

### KEYWORDS

*Ulcerative Colitis, Ayurveda, PittajaAtisara, Grahaniroga*



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## INTRODUCTION

Ulcerative Colitis (UC), a variant of nonspecific inflammatory bowel disease, is characterised by diffuse inflammation involving the rectal and colonic mucosa and submucosa. The exact cause of it is still unknown but the genetic predisposition, dysfunction in immune system, history of smoking, environmental factors are included in the aetiological theories<sup>1</sup>. Bloody diarrhoea is considered as a cardinal symptom associated with other complaints of tenesmus, urgency, weight loss, weakness etc. In United States, UC has the prevalence of 37 to 246 peoples per 100,000 persons and incidence of 2.2 to 14.3 new cases per 100,000 per year<sup>2</sup>. The diagnosis of UC is suspected by clinical examination and confirmed by colonoscopy aided with biopsy. As UC has repeated episodes of exacerbation and relapse the aim of treatment lies on continuing the remission with minimal drugs and minimise the risk of carcinoma<sup>1</sup>. Pharmacological management includes the topical or systemic use of drugs like 5-ASA, TNF-alpha blockers (like infliximab), thiopurines (like azathioprine, 6-MP), and different steroids<sup>3</sup>. Elective surgery is indicated in refractory cases with drug therapy or where the signs of dysplasia is found. The common surgery performed is total proctocolectomy with Ileal pouch anal

anastomosis<sup>4</sup>. In Ayurveda, the spectrum of signs and symptoms can be correlated with many conditions like *PittajaAtisara*, *Grahaniroga* etc.

## Case Information

A female patient aged 62 years, house-wife by occupation complaint of loose stools >15 times/day mixed with blood from past 4 years, with associated abdominal pain and generalised weakness. She was admitted to (patient was not admitted). The complaint of bloody diarrhoea was mild initially (4-5 times/day) which gradually increased after 6 months of onset of symptoms.

The patient had visited surgical gastroenterologist after 6 months of the onset of complaints where colonoscopy was carried out and she was diagnosed as ulcerative colitis. Although she continuously took the medicine prescribed by the doctor for 6 months but she was not getting better satisfactorily getting better she visited our hospital at Hassan, Karnataka. for the same complaints.

## Clinical Findings

### General Examination:

- GC- Ill looking
- Pallor- Present
- Icterus- Absent
- Lymphadenopathy- Absent
- Cyanosis- Absent
- Clubbing- Absent



- Oedema- Absent

***Vital data of the patient:***

- B.P.- 110/70 mm of Hg
- Temperature: Afebrile,98.4
- Pulse: 102 bpm
- Respiratory Rate:18/min

***Systemic Examination:***

- CVS: S1 S2 heard, No Murmur
- CNS: Conscious, well oriented to time, place and person
- Per Abdomen: Soft, mild tenderness on left Iliac region, No organomegaly
- Respiratory system: B/L Equal air entry, Normal Vesicular Breath Sounds and No added sounds.

***Per rectal examination:***

- Inspection: no fissure / sentinel tag
- Digital rectal examination : Normal tonicity, no mass, blood mixed mucous discharge present on the examining finger
- Proctoscopy: multiple ulcerations with mild bleeding seen at upper anus extending towards rectum

***Investigations:***

Blood routine

- Hb-7.2 gm%, WBC-7,800 cells/cmm, ESR-32 mm/hr, Neutrophils-62%, Lymphocytes-34%, Monocytes-01%, Eosinophils-03%, Platelet count-1.96 lakhs/cmm, RBC count-4.41 millions/cmm, FBS-97.1 mg/dl, Blood urea-18 mg/dl, Serum creatinine-0.7mg/dl, Lipid profile- Within normal range

- Colonoscopy: continuous ulceration with oedematous mucosa of rectum, loss of mucosal fold and erosion extending upto caecum.

Impression: Severe IBD (Ulcerative Colitis)

- Histopathology report: Section studied shows colonic tissue with mild loss of architecture of glands with few glands showing cryptitis with infiltration of lamina propria by eosinophils, plasma cells with few of glands showing mucin depletion with a foci of lymphoid aggregates.

Impression: Histological features are suggestive of Chronic Ulcerative Colitis.

**Diagnosis**

Ulcerative Colitis with moderate anaemia (Pittatisara with Pandu)

**Treatment**

- Kala basti (16 Days) – Anuvasana – Dadimadigritha  
Niruha –Madhu – 80 ml  
Saindhalavana – 12 grams  
Sneha – DadimadiGritha – 80 ml  
Kalka-  
DadimastakaChoorna,Amalaki,Musta,  
Daruharidra – 10 grams each  
Kashaya – Mustadikashaya -250 ml  
Takra – 100 ml
- Dadimastakachoorna 5 grams QID with Takra



## OBSERVATIONS

After Kala Basti was over, the parameters of complaining signs and symptoms before

treatment were compared with the parameters obtained after treatment which is presented in the table 1.

**Table 1** Comparison of complaints before and after treatment

SIGNS AND SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
FREQUENCY OF STOOL	10- 15 TIMES PER DAY (LOOSE)	1-2 TIMES/DAY(SEMI SOLID)
BLOOD IN STOOLS	PRESENT WITH EACH DEFECACTION	ABSENT
MUCUS IN STOOLS	PRESENT WITH EACH DEFECACTION	ABSENT
PAIN IN ABDOMEN	WHOLE DAY IN WHOLE ABDOMEN	ABSENT
WEIGHT	41 KG	45 KG
APPETITE	REDUCED	IMPROVED
HAEMOGLOBIN	7.2GM%	8.1 GM%

## DISCUSSION

*Dadima* (*Punica granatum*) is the chief ingredient of the medicines used above. *Dadima* is itself *tridosahara* (pacifying all 3 dosas) and is *malagraahi* (stool retaining) in action<sup>5</sup>. *Dadimadighrita* when used for *anuvasanabasti* acts as a demulcent in the large colon. It contains herbs like *Dadima*, *Dhanyaka*, *Citraka* etc. which has *deepana* (increasing the digestion) effect and calms the increased *Vata*. It helps to increase the appetite, reduce the pain and is haematinic too<sup>6</sup>. *Dadimastakachoorana* contains herbs like *Chaturjata*, *Dhanyaka* etc. and is *agnideepaka* and is indicated for *Atisara*, *Grahani*, *Mandagni* etc.<sup>7</sup> *Mustaka* used as *kalka* (paste) on *Niruhabasti* is *agnideepaka*, *pacaka*, and *sangrahi* and therefore indicated in *Atisara*<sup>8</sup>. *Daruharidra* in the same way has *tikta rasa* and possess properties like *Vranasodhana*, *Vranaropana* (wound healing), *Rujahara* etc.<sup>9</sup>. *Amalaki* (*Emblia officinalis*) is

mainly *pittasamaka* and is *raktapittahara* (arrests bleeding), which makes it very useful as a *kalka dravya*<sup>10</sup>. It also exerts wound healing action through up-regulation of collagen and extracellular signal reduction kinases (ERK1/2)<sup>11</sup>.

*Takra* (buttermilk) due to its *deepana*, *grahi* and easy to digest actions is very useful in *grahanidosha*. It is *madhura* in *vipaka* therefore reduces *pitta*; due to *kashaya* (astringent) taste, *ushnavirya* (hot potency), *vikashi* and *rukshaguna* it is useful in *kapha* dominated disorders and due to *madhura* and *amla rasa*, *sandraguna* it reduces *vata*. Freshly churned butter milk does not cause burning sensation; therefore, buttermilk is very useful in treatment of *udara*, *arsa* and all *grahanidosha*<sup>12</sup>.

In addition to Basti (enema therapy), *Dadimastakachoorana* is given orally which addresses the Agni additionally and helps to reduce the frequency of loose stools<sup>7</sup>. The combined effect of the per oral and



bastimedications was to increase the Agni(digestive fire), decrease the frequency of loose stools and and blood mixed stools, and heal the ulcer in colon.

## CONCLUSION

The 16 days course of Basti treatment along with per oral medications gave satisfactory relief in this patient of Ulcerative Colitis. The above mentioned combinations of Musta-TakraBasti and oral medications can help the patient of different conditions of Inflammatory Bowel Diseases collectively called *Atisara* or *Grahanivikaras* in Ayurveda. Regular follow up with oral medications and Basti treatment in regular intervals may help the patient to quit existing medications like 5-ASA, TNF-alpha blockers without causing recurrence.



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