

MANAGEMENT OF ULCERATIVE COLITIS THROUGH AYURVEDIC INTERVENTION: A CASE REPORT

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ABSTRACT

Introduction: Ulcerative Colitis is a chronic inflammatory bowel disease. A disorder in which inflammation affects the mucosa and submucosa of the colon. Clinical manifestations of ulcerative colitis is bloody diarrhea, passage of mucus, fever, crampy abdominal pain, tenesmus, weight loss. As detailed in Ayurveda, the manifestations of *Raktatisara* are comparable to the presentation of ulcerative colitis. Ayurveda provides therapeutic approaches that may be beneficial. **Methods:** A 37 years old female patient from Jodhpur with a confirmed diagnosis of ulcerative colitis presented to Sanjeevani Hospital, PGIA, Jodhpur. She reported 6-8 bowel movements containing blood & mucus, despite prior conventional therapy. The patient was hospitalized & treated with *Matra Basti & Piccha Basti* along with oral ayurvedic medicines for 1 month. **Results:** Following treatment, stool frequency decreased significantly (i.e. upto only once & twice daily) and without blood & mucus.

Other symptoms like abdominal pain, loss of appetite, vomiting, itching over body are also subside. **Discussion:** This case demonstrates that Ayurvedic management, including *Basti* therapy & herbal formulations, may offer symptomatic relief & clinical improvement in ulcerative colitis patients. **Conclusion:** Ayurvedic management of ulcerative colitis, rooted in

Pitta-Vata balance, *Agni* restoration, & supporting mucosal healing. These interventions highlighting their potential as complementary treatment options in refractory cases.

KEYWORDS: Ulcerative colitis, *Raktatisara*, *Matra Basti*, *Piccha Basti*.

1. INTRODUCTION

Ulcerative colitis is a chronic inflammatory disorder of the colon and rectum, characterized by recurrent episodes of mucosal inflammation that typically begin in the rectum and may extend proximally along the colon. Along with Crohn's disease, it forms a major subtype of inflammatory bowel disease (IBD), although both conditions differ in their pathological and clinical presentation. Common clinical features include increased bowel frequency, passage of blood in stools, and associated weakness due to fluid and blood loss.^[1] The disease commonly affects individuals between 15–35 years of age, with no significant gender predilection, and shows comparatively lower occurrence in older age groups.

Globally, ulcerative colitis contributes substantially to morbidity, with an incidence ranging from 9 to 20 cases per 100,000 population annually.^[2] Recent trends indicate a rising prevalence, particularly in urban populations and higher socioeconomic groups, which may be attributed to changing dietary patterns, sedentary lifestyle, psychological stress, and environmental factors. Although the exact etiology remains unclear, the condition is considered to arise from an abnormal immune response influenced by dietary habits, medications, and stress-related factors.

The primary objective of modern management is to induce and sustain both clinical and endoscopic remission. Aminosalicylates remain the cornerstone therapy for mild to moderate disease, whereas corticosteroids are employed during acute exacerbations. In more severe cases, immunosuppressive agents and biologic therapies are indicated.^[3] Despite advancements in treatment, the disease is associated with considerable morbidity and an increased long-term risk of colorectal cancer, prompting the exploration of safer and more holistic therapeutic approaches.

From an Ayurvedic perspective, ulcerative colitis can be correlated with conditions such as *Raktatisara* and *Pittaja Grahani*, which involve vitiation of *Pitta* and *Rakta* leading to inflammation and bleeding. Clinical manifestations such as abdominal pain (*Shula*), rectal burning (*Gudapaaka*), and excessive thirst (*Trishna*) show similarity to these conditions. It is

considered a disorder of *Purishavaha Srotas*, where improper diet and lifestyle (*Ahara* and *Vihara*), especially intake of spicy, hot, and fried foods along with mental factors like stress and anxiety, play a significant role in disease progression.

Ayurvedic management emphasizes *Nidana Parivarjana* (elimination of causative factors) as the first step, followed by *Shamana Chikitsa*, including use of *Rakta-stambhaka* (hemostatic) and *Purisha-sangrahaka* (anti-diarrheal) therapies. The treatment approach also focuses on restoring *Agni* (digestive fire), digesting *Ama* (metabolic toxins), and improving gut health by promoting a balanced internal environment. Additionally, classical texts such as *Charaka Samhita* mention *Basti Chikitsa* as an important therapeutic modality in managing advanced stages like *Raktatisara*, suggesting a potential correlation with ulcerative colitis.^[4]

2. CASE REPORT

Patient information: A 37 years old female patient from Jodhpur with a confirmed diagnosis of ulcerative colitis presented to OPD of Kayachikitsa at Sanjeevani Hospital, PGIA, Jodhpur on 16 July 2025. She reported 6-8 bowel movements containing blood & mucus. Associated with mild intermittent abdominal pain, loss of appetite, generalized weakness, tenesmus, itching all over body, burning sensation in entire body, since 4 months, vomiting after a meal (last 10 days before coming to OPD), despite prior conventional therapy. Her colonoscopy report confirmed that she is suffering from ulcerative colitis with proctosigmoiditis.

2.1 Colonoscopy Findings

On colonoscopic examination, the rectum and sigmoid colon revealed ulcerated and edematous mucosa with loss of vascular pattern and mild nodularity. Biopsies were obtained from the affected segment. The remaining colon and terminal ileum up to 10 cm appeared normal.

Ulcerative Colitis Endoscopic Index of Severity (UCEIS)

Vascular pattern: 2 (obliterated)

Bleeding: 1 (mucosal bleeding)

Erosions and ulcers: 1 (erosions)

Total UCEIS score = 4 (suggestive of mild-to-moderate disease activity).

2.2 General Examination

- No pallor, icterus, oedema, clubbing, cyanosis found
- **Weight- 62 kg**
- BP- 110/70mmhg
- Pulse-82/min
- RR-16/min
- SpO₂-98% at room air
- Lymph nodes are not palpable.

2.3 Systemic Examination

- **CNS:** Conscious & oriented
- **CVS:** S1 & S2 sounds are normal, no abnormality detected
- **RS:** B/L air entry normal
- **P/A:** Mild abdominal tenderness at umbilical region
- **P/R:** No piles mass present

2.4 Blood Examination

Blood Examination	Findings
Neutrophils (%)	65%
Lymphocytes (%)	27%
Monocytes (%)	5%
Leucocytes mm ³	8180/cumm
Platelite count /cumm	460000/cumm
ESR	40mm/hr

2.5 Astavidha Pariksha

- **Nadi:** Vata Pitta predominant
- **Mala:** Asamyak
- **Mutra:** Samyak, 6-7times/day
- **Jivha:** Sama
- **Shabda:** Prakrut
- **Sparsha:** Samshitoshna
- **Druk:** Prakrut
- **Akruti:** Madhyam

2.6 Personal history

- **Diet:** Spicy & Oily (Vegetarian)
- **Addiction:** Not any
- **Occupation:** Housewife
- **Past history:** Not any major illness
- **Family history:** Not any
- **Surgical history:** Not any

2.7 Samprapti Ghataka

- **Dosha:** Pitta pradhana tridoshaja (Vata-samana vata, pitta- Pachaka, Kapha-Kledaka)
- **Dusya:** Rasa, Rakta
- **Agni:** Jatharagni
- **Agni dusti:** Mandagni
- **Ama:** Agnijany
- **Srotas:** Annavaha
- **Srotodusti:** Sang, Vimarg gamana,
- **Adhistana:** Grahani
- **Udbhavasthan:** Grahani
- **Vyaktastha:** Grahani
- **Sancharasthan:** Mahasrotas, Annavaha srotas
- **Sadhya-Asadhyata:** Krachasadhya

2.7 Treatment Schedule

Date	Visit	Given Treatment
16/07/2025	1st	1. Panchamrut parpati tablets 2-2 (before meal)
		2. Amalaki Churna 3gm + Nagkesar Churna 1gm + Yashtimadhu churna 1gm + Shankh Bhasma 250 mg + Kamdudha ras 250mg = 1tsp/2times with Shatavaryadi ghritam (before meal)
		3. Amlapitta mishran 2tsp/2times (before meal)
		4. Gulkand (Pravaluyukta) 1tsp/2times (before meal)
		5. Bilagyl avleha 1tsp/2times (after meal)
30/07/2025	2nd	1. Kutaj parpati 2-2-2 (before meal)
		2. Amalaki Churna 3gm + Nagkesar Churna 1gm + Yashtimadhu churna 1gm + Shankh Bhasma 250 mg + Kamdudha ras 250mg = 1tsp/2times with Shatavaryadi ghritam (before meal)
		3. Amlapitta mishran 2tsp/2times (before meal)
		4. Gulkand (Pravaluyukta) 1tsp/2times (before meal)
		5. Bilagyl avleha 1tsp/2times (after meal)
		6. Jatyadi Tail Matra Basti 5days

	(1st day -40ml, 2nd day-40ml, 3rd day-60ml, 4th day- 80ml, 5th day -80ml)
	<p>7. <i>Piccha Basti</i> 7 days</p> <ul style="list-style-type: none"> • <i>Panchvalkal kwath</i>(<i>Churna</i> 50gm) • <i>Kalka Dravya</i> (<i>Raktachadan</i> 5gm+ <i>Vatankur</i> 5gm + <i>Mocharas</i> 5gm + <i>Shleshmantak</i> 5gm + <i>Priyangu beej</i> 5gm + <i>Kutaj ghanvati</i> 2 tablets) • <i>Panchtikta ghrith</i> 20ml • Water 640ml • <i>Ksheer</i> 160ml

2.8 Timeline

SN	Duration	Symptoms	Interventions
1.	March 2025 to May 2025	6-8 bowel movements containing blood & mucus. Associated with mild intermittent abdominal pain, loss of appetite, generalized weakness, tenesmus, itching all over body, burning sensation in entire body.	Allopathic treatment taken
2.	13 th May 2025	4-5 bowel movements containing blood and mucus. And mild relief in other symptoms	Colonoscopy done. (Diagnosed with Ulcerative Colitis) Allopathic Treatment continued. Initially got relieved but again the symptoms got worst.
3.	16 th July 2025	6-8 bowel movements containing blood & mucus. Associated with mild intermittent abdominal pain, loss of appetite, generalized weakness, tenesmus, itching all over body, burning sensation in entire body. Also Vomiting after a meal (last10 days)	Patient visited to Kaya Chikitsa OPD, Sanjeevani Hospital, PGIA, Jodhpur.
4.	16 th July 2025 to 30 th July 2025	6-8 bowel movements containing blood & mucus. Associated with mild intermittent abdominal pain, loss of appetite, generalized weakness, tenesmus, itching all over body, burning sensation in entire body. Also Vomiting after a meal (last 10 days)	Ayurvedic Treatment given- 1. <i>Panchamrut parpati</i> tablets 2-2 (before meal) 2. <i>Amalaki Churna</i> 3gm + <i>Nagkesar Churna</i> 1gm + <i>Yashtimadhu churna</i> 1gm + <i>Shankh Bhasma</i> 250 mg + <i>Kamdudha ras</i> 250mg = 1tsp/2times with <i>Shatavaryadi ghritham</i> (before meal) 3. <i>Amlapitta Mishran</i> 2tsp/2times (before meal) 4. <i>Gulkand (Pravalayukta)</i> 1tsp/2times (before meal) 5. <i>Bilagyl avleha</i> 1tsp/2times (after meal)
5.	31 st July 2025 to 14 th Aug 2025	3-4 bowel movements with reduced blood and mucus. Vomiting is stopped and other symptoms also reduced.	Ayurvedic Treatment given- 1. <i>Kutaj parpati</i> 2-2-2 (before meal) 2. <i>Amalaki Churna</i> 3gm + <i>Nagkesar Churna</i> 1gm + <i>Yashtimadhu churna</i> 1gm + <i>Shankh Bhasma</i> 250 mg + <i>Kamdudha ras</i> 250mg = 1tsp/2times with <i>Shatavaryadi ghritham</i> (before meal) 3. <i>Amlapitta Mishran</i> 2tsp/2times (before meal) 4. <i>Gulkand (Pravalayukta)</i> 1tsp/2times (before meal) 5. <i>Bilagyl avleha</i> 1tsp/2times (after meal) 6. <i>Jatyadi Tail Matra Basti</i> 5days

			(1st day -40ml, 2nd day-40ml, 3rd day-60ml, 4th day- 80ml, 5th day -80ml) 7. <i>Piccha Basti</i> 7 days <i>Panchvalkal kwath</i> (<i>Churna</i> 50gm) <i>Kalka Dravya</i> (<i>Raktachadan</i> 5gm+ <i>Vatankur</i> 5gm + <i>Mocharas</i> 5gm + <i>Shleshmantak</i> 5gm + <i>Priyangu beej</i> 5gm + <i>Kutaj ghanvati</i> 2 tablets) <i>Panchtikta ghrith</i> 20ml Water 640ml <i>Ksheer</i> 160ml
6.	15 th Aug 2025	Bowel movements 1-2 times/ day. Other symptoms are relieved	Follow up. Treatment discontinued. Advise Healthy diet and lifestyle according to <i>Ritucharya</i> .
7.	30 th Aug 2025	Bowel movements 1-2 times/ day. No other complaints.	Follow up.

2.9 Outcome and Follow-Up

SN	Striking Features	15 th day (During Treatment)	30 th day (During Treatment)	45 th day (After Treatment)
1.	Bowel Frequency	3-4 times/day	1-2 times/day	1 -2 times/day
2.	Blood in stool	Reduced but present	Absent	Absent
3.	Itching all over body	Reduced	Absent	Absent
4.	Weakness	Reduced	No	No
5.	Vomiting	Absent	Absent	Absent
6.	Abdominal pain	Reduced	Absent	Absent

3. DISCUSSION

Ulcerative colitis is a chronic inflammatory condition of the colon with recurrent exacerbations, often requiring long-term management. In Ayurveda, its clinical presentation closely resembles *Raktatisara*, a condition arising from aggravated *Pitta* and *Rakta*, leading to intestinal inflammation, bleeding, and altered bowel habits. The present case demonstrated significant clinical improvement with a multimodal Ayurvedic approach incorporating *Shamana Chikitsa* and *Basti Karma*.

The internal medications were selected to address the fundamental pathophysiology of *Pitta-Rakta dushti*, *Ama*, and *Agni mandya*. *Panchamrut Parpati* is traditionally indicated in *Grahani* and *Atisara*, helping in improving digestion and absorption while stabilizing intestinal function. The combination of *Amalaki*, *Nagkesar*, *Yashtimadhu*, *Shankh Bhasma*, and *Kamdudha Rasa* provided a synergistic effect—*Amalaki* and *Yashtimadhu* act as *Pitta-shamaka* and mucosal healing agents, *Nagkesar* contributes *Rakta-stambhana* (hemostatic action), while *Shankh Bhasma* and *Kamdudha Rasa* help in reducing hyperacidity and

inflammation.

Amlapitta Mishran and *Pravalayukta Gulkand* further aided in pacifying aggravated *Pitta*, reducing burning sensation, and promoting cooling and soothing effects on the gastrointestinal mucosa. *Bilagyl Avaleha*, known for its *Grahi* (absorbent) and *Deepana-Pachana* properties, played a crucial role in controlling diarrhea and improving stool consistency.

The role of *Basti Chikitsa* in this case was particularly noteworthy. *Jatyadi Taila Matra Basti* helped in local wound healing, reducing inflammation, and promoting regeneration of the colonic mucosa due to its *Vrana ropana* and *Pitta-shamaka* properties.^[5] Subsequently, *Piccha Basti*, prepared with *Panchavalkala Kwatha*, *Kalka dravyas* (*Raktachandana*, *Vatankura*, *Mocharasa*, *Shleshmantaka*, *Priyangu*, *Kutaja*), *Panchtikta Ghrita*, *Ksheera*, and water, provided a protective, astringent, and healing effect on the intestinal lining. The *Picchila guna* (mucilaginous nature) of this formulation helps in reducing mucosal irritation, controlling bleeding, and restoring the integrity of the intestinal epithelium.

Overall, the treatment approach focused on

Nidana Parivarjana (elimination of causative factors)

Agni Deepana and Ama Pachana (correction of digestion and metabolism)

Pitta-Rakta Shamana (reducing inflammation and bleeding)

Vrana Ropana (mucosal healing)

Stambhana and Grahi Karma (controlling diarrhea)

The significant clinical recovery observed in this case—reduction in stool frequency, cessation of bleeding, improved appetite, and general well-being—highlights the potential of Ayurvedic management in ulcerative colitis. This integrative approach not only alleviates symptoms but also addresses the root cause by restoring physiological balance.


However, as this is a single case report, further large-scale clinical studies are required to validate the efficacy and reproducibility of these interventions.

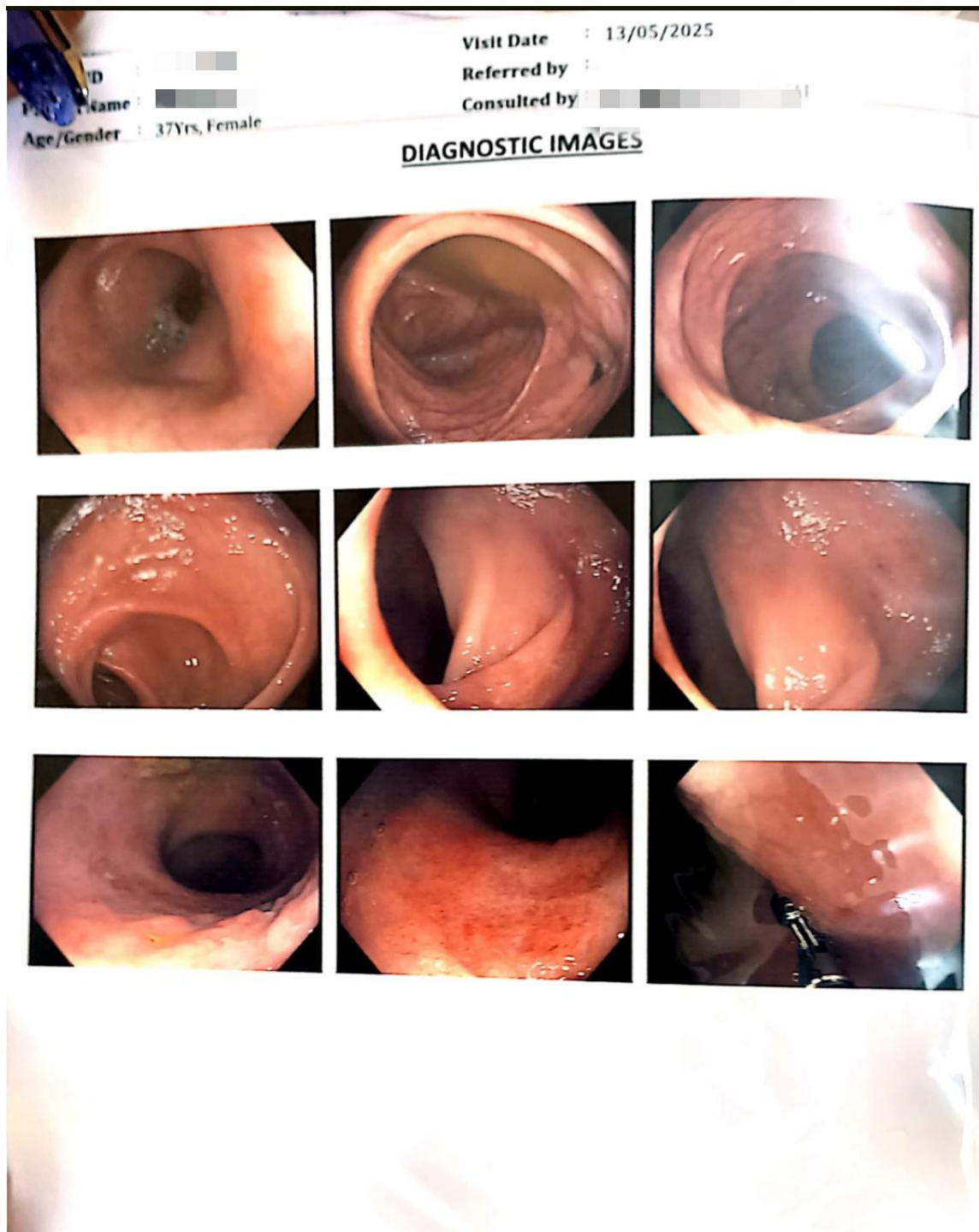
4. CONCLUSION

This case report highlights the promising role of Ayurvedic therapy in the management of ulcerative colitis. Based on the observations, it can be inferred that Ayurvedic interventions including oral herbal formulations, *Basti* therapy, and appropriate dietary modifications offer

significant benefits. These measures are not only effective but also safe, economical, and free from adverse effects. Ulcerative colitis remains a challenging condition that severely impacts the patient's physical health, daily activities, and psychological wellbeing. In the present case, despite prior conventional therapy, encouraging results were achieved with Ayurvedic treatment. Although larger studies with extended follow-up are essential for stronger validation, this case demonstrates that Ayurveda may provide a valuable alternative for refractory cases.

5. Colonoscopy Report

 MARENGO CIMS HOSPITAL PVT LTD. SOLA, AHMEDABAD- 380060 DEPARTMENT OF ENDOSCOPY	
Patient ID	Visit Date : 13/05/2025
Patient Name :	Referred by :
Age/Gender : 37Yrs, Female	Consulted by :
COLONOSCOPY	
Procedure Code	: CIMS/GI/DIG.
Premedication	:
P/R	: NAD
Preparation	: EXCELLENT
Anal Canal	: NORMAL
Rectum to SIGMOID Colon	: ULCERATED AND EDEMATOUS MUCOSA WITH LOSS OF VASCULAR PATTERN, MILD NODULARITY SEEN. BIOPSIES TAKEN.
REST OF THE COLON AND TERMINAL ILEUM UPTO 10 CM NORMAL	
Biopsy	: TAKEN
Impression	: ULCERATIVE COLITIS WITH PRACTOSIGMOIDITIS
ULCERATIVE COLITIS ENDOSCOPIC INDEX OF SEVERITY (UCEIS)	
*VASCULAR PATTERN:	
0 : NORMAL	
1: PATCHY OBLITERATION	
2: OBLITERATED	
*BLEEDING:	
0: NONE	
1: MUCOSAL	
2: LUMINAL MILD	
3: LUMINAL MODERATE TO SEVERE	
TOTAL SCORE: 2+1+1=4	
*EROSIONS AND ULCERS	
0: NONE	
1: EROSIONS	
2: SUPERFICIAL ULCERS	
3: DEEP ULCERS	



6. Patients perspective

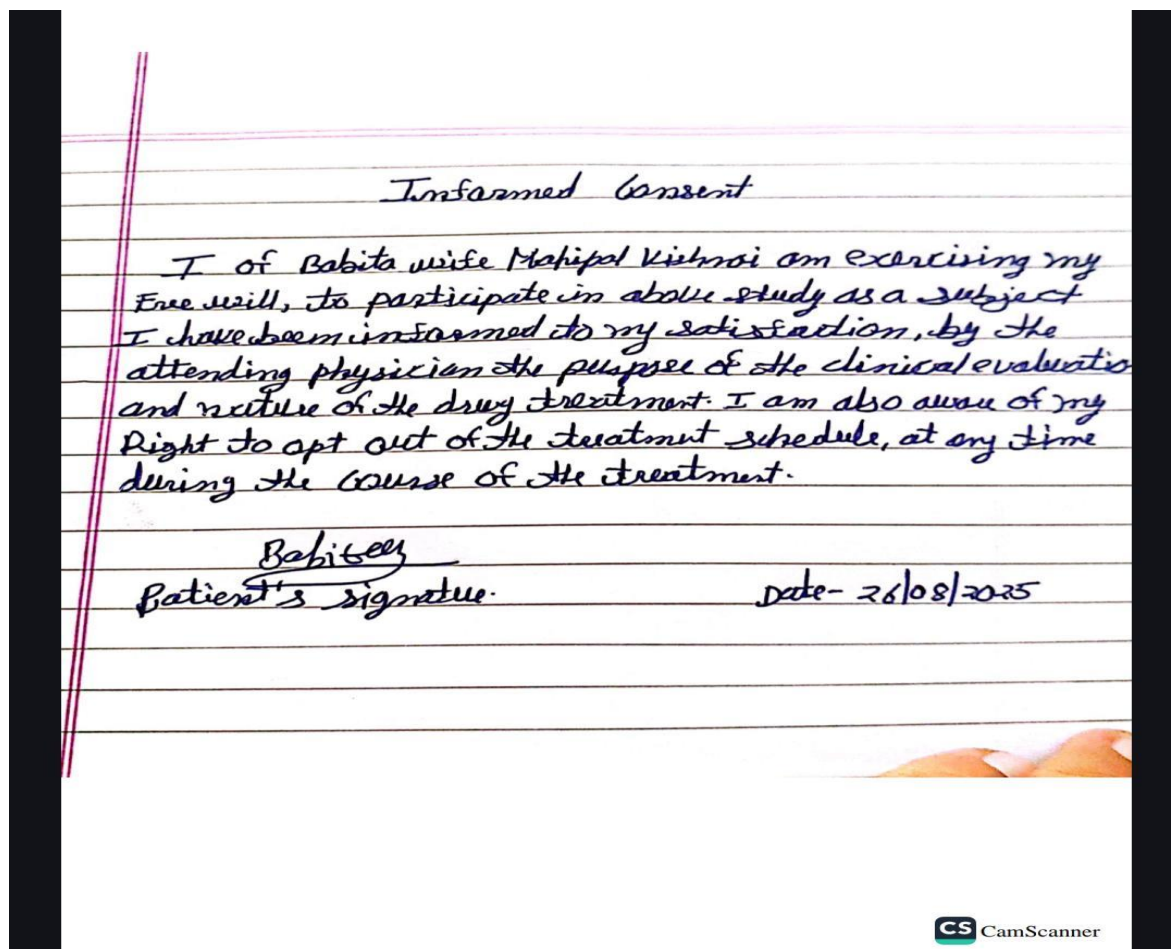
“At the time of admission, I was experiencing watery stools mixed with blood & mucus, frequent vomiting, itching all over body, abdominal pain, disturbed sleep & weakness. I had been informed by allopathic doctors that surgery might be necessary & that I would need to continue lifelong medication.

Since receiving Ayurvedic treatment in Sanjeevani hospital, including *Basti karma*, I

discontinued all allopathic medicines. I have noticed marked improvement in my condition, my symptoms have subsided, my stool frequency has normalized to 1 to 2 times per day, & I feel significant overall relief.”

7. Informed consent

Written informed consent for publication of this case study has been obtained from the patient.



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