

INTEGRATIVE MANAGEMENT OF PITTAJ GRAHANI W.S.R. TO ULCERATIVE COLITIS: A CASE STUDY

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ABSTRACT

Ulcerative colitis (UC) is a chronic inflammatory bowel disease characterized by inflammation and ulcers in the inner lining of the colon and rectum. It is one of the two major forms of inflammatory bowel disease, the other being Crohn's disease. UC primarily affects the mucosal layer of the colon and rectum, resulting in symptoms such as abdominal pain, diarrhea, rectal bleeding, and urgency to have a bowel movement, general debility. The disease typically follows a relapsing and remitting course, with periods of flare-ups and periods of remission. In present study 54yrs female patient attended OPD with diffuse abdominal pain, bleeding per rectum, loose stools mixed with mucous 10-15 times a day, generalised weakness. Patient was suffering from ulcerative colitis since 1yr receiving treatment from contemporary science but she was not getting satisfactory relief. In the

present study patient was treated with the concept of *Pittaj Grahani* in *Ayurveda*. **Objective:** To improve the signs and symptoms, to achieve steroids free remission of the disease and finally to cure the disease and improve the quality of life. **Method:** I.V antibiotics for 7 days along with *Ayurvedic* formulations for 3 months given and signs and symptoms were evaluated. **Conclusion:** Patient responded well with much improvement in her general condition. Frequency of defecation decreased, no per rectal bleeding and other signs and symptoms were relieved.

KEYWORDS: Ulcerative Colitis, Inflammatory Bowel Disease, Pittaj Grahani.

INTRODUCTION

Ulcerative colitis is an idiopathic inflammatory condition of the colon which results in diffuse friability and superficial erosions on the colonic wall associated with bleeding. It is the most common form of inflammatory bowel disease worldwide. It characteristically involves inflammation restricted to the mucosa and submucosa of the colon. Typically, the disease starts in the rectum and extends proximally in a continuous manner. Japanese Society of Gastroenterology defined Ulcerative colitis as a diffuse non-specific inflammatory disease of unknown origin that continuously affects the colonic mucosa starts from the rectum and often forms erosion and/or ulcers. Lesions of this disease involve only mucosa and submucosa except for fulminant cases.^[1]

The major symptoms of ulcerative colitis are diarrhoea, rectal bleeding, tenesmus, passage of mucus and crampy abdominal pain. The severity of symptoms correlates with the extent of disease. Although ulcerative colitis can present acutely. Symptoms usually have been present for weeks to months.^[2]

Onset is typically insidious and gradual. Findings from abdominal examination are usually unremarkable. Diagnosis is best made with Sigmoidoscopy and Colonoscopy. It can occur at any age, often in the 30's with a second peak in the 50's or 60's.^[3] The prevalence of ulcerative colitis varies significantly from one country to another. Largest population based screening study for ulcerative colitis from India found an incidence rate of 6.02 per 10 lac per year and a crude prevalence rate of 44.3/10⁵ inhabitants.^[4] The increased incidence is related to the rapid westernization of lifestyles as well as environmental changes Caused by industrialization and urbanization.^[5] Ulcerative colitis is a disease with multifactorial origin. Involvement of genetic, environmental and immune factors have been considered as a causative factors though there is no any exact aetiology found for occurrence of Ulcerative colitis.

Ulcerative colitis can be treated with a number of medications, including mainly 5-ASA drugs such as sulfasalazine. Corticosteroids can also be used due to their immunosuppressing and short-term healing properties. Biologic treatments such as the TNF inhibitors infliximab, adalimumab and golimumab are commonly used to treat patients with ulcerative colitis who are no longer responding to corticosteroids. Supportively, antibiotics, analgesics, anti-

inflammatory, antispasmodic and multivitamins are given. If no response with conservative treatment, patient may have to undergo operative procedure.^[6] Though various treatment modalities available for ulcerative colitis there is no definitive cure so, its a challenging job to treat this case of ulcerative colitis.

Ayurvedic View

Grahani refers to small intestine and is considered the seat of Agni, the digestive fire. The Grahani is responsible for the digestion and absorption of food. According to Ayurveda, imbalances in the Grahani can lead to various digestive disorders. The disease *Grahani* mentioned in Ashtamahagad by A.H. Shulam, *Vidaaham*, *Gudpaaka* & *Raktapravritti* symptoms of *Pittaj Grahani* can be compared with rectal pain, inflammation, rectal ulceration and bleeding of ulcerative colitis.^[7] Treatment is focused on healing the ulcers and restoring the normal function of colon and maintaining the overall health of the digestive system. Shamana Chikitsa (internal medicines) includes *Agni Deepana*, *Amapachana*, *Grahi*, *Stambhana* and *Vrana Ropaka*. *Shodhana Chikitsa* (Panchakarma therapy) and *Rakta vardhan* forms the mainstay of the treatment. So, A trial using Ayurvedic formulations in the management of ulcerative colitis according to Ayurveda principles will be discussed in this paper.

CASE REPORT

A 52 year female patient visited the OPD of the Government Ayurveda Hospital Nanded, Maharashtra with complaints of frequent defecation 10-15 times per day associated with pain in abdomen, mucous and blood mixed blackish stool, generalised weakness and reduced appetite.

A history of present illness revealed that the patient was apparently normal 1 year back. She started with abdominal pain and watery stool mixed with mucous 6-7times per day. The symptoms aggravated on taking spicy and heavy foods.

After 6 months loose stools frequency increased upto 10-15 times/ day stained with mucous and blood, weakness, decreased appetite. For the same patient consulted a gastroenterologist, where the patient was diagnosed with ulcerative colitis by colonoscopy and biopsy. The patient underwent conservative management i.e. Tab Drotin DS, Cap Racecadotril 100mg BD ×3days and advised colonoscopy and biopsy. Colonoscopic f/s/o Endoscopic Mayo Class III U.C. changes. For that she was prescribed with Tab Mesacol 1200 mg 3 tablets daily after

breakfast for 1 month along with tab oflox oz 1BD for 5 days. But she didn't get relief and further visited gastroenterologist & advised to continue Tab mesacol 1200 mg along with tab shelcal for about 6 months. As the patient was not getting satisfactory relief, she visited to our hospital.

On physical examination she looked pale and afebrile. Her heart rate was 98/min, Blood pressure (110/70mm of Hg) and respiratory rate (20/min) were normal. There was no clubbing, lymphadenopathy and skin lesion. Her weight was 42 kg. Her abdomen was soft, mild tenderness present in lower abdomen but there was no guarding and no organomegaly. No abnormality was noted in the perianal region.

Rectal Examination

Inspection: No perianal inflammation, fissure, fistula or no external pile mass seen.

DRE: Lax sphincter tonicity, no any growth/mass, blood mixed mucous discharge present on examining finger tip.

Proctoscopy: Multiple ulcerations with mild bleeding seen at upper part of anus.

Haematological investigations: Hb- 7.3gm/dl, BSL(R)- 85 mg/dl, WBC- 9830/mm³, PLT- 4.36lac/mm³, ESR-

Colonoscopy: S/O Ulcerative Colitis(Endoscopic Mayo Class III).

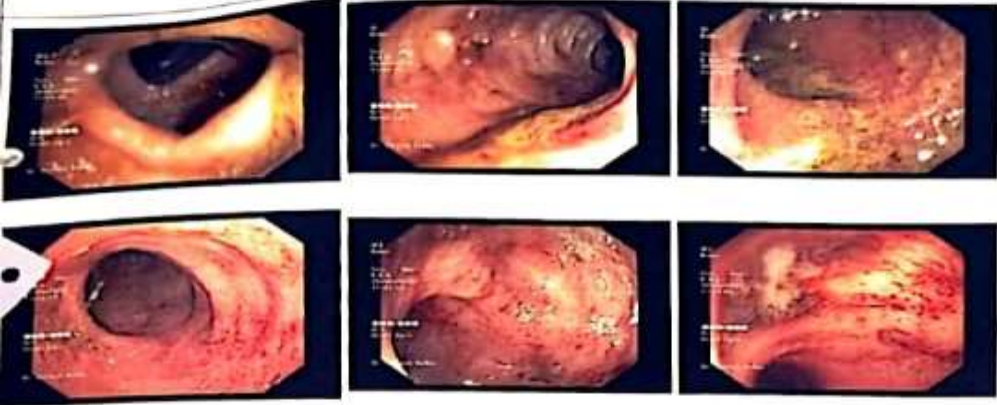
Colonic Biopsy: revealed denuded surface epithelium at places and is infiltrated with neutrophils, crypt architecture is largely preserved. Cryptitis and crypt abscess seen. Lamina propria show marked inflammation with lymphocytes, plasma cells and neutrophils. Submucosa also shows inflammatory cells features suggestive of Active Colitis. So the diagnosis of ulcerative colitis was made.

Symptoms of ulcerative colitis can be co-related with Pittaja Grahani in Ayurveda.

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Ref By: SELF
 Study: Colonoscopy
 Date: 26-Apr-2022

Name:
 Age: 50 Y
 Sex: F



Indication - Chronic large bowel diarrhoea under evaluation
Scope Used - Olympus GIF Q150L
 Relatives and patient were explained the procedure in detail.
PR examination - Painful; blood + at finger tip
Preparation - Good.

Colonoscope passed till transverse colon. The visualised mucosa from anal canal, rectum, descending colon, splenic flexure, transverse colon show spontaneous bleeding ulcerations (Endoscopic Mayo class III). There is e/o skip areas in between. Biopsies taken

Limitation - None.
Endotherapy - Nil.
Biopsy - Nil

Impression - Ulcerative colitis (Endoscopic Mayo Class III)

Adv
 To Mesacol 1.2 gm 3-0-0
 Raxolol HPE

Dr. Kailash Kolhe
 MBBS, MD, DM (Gastroenterology) Fellow Molecular
 Hepatology

Treatment

Patient was admitted in female surgical ward for further mangement. parenteral antibiotics inj Cipro 200mg, inj metro 500 mg iv BD for 7 days, analgesics, haematinic were administered along with Ayurvedic formulations as mentioned in line of treatment for Pittaj Grahani i.e., Aampachan, Raktasthambhan, Grahi, Deepan, and Balya.

Kutaj Churna with Takra 1 tsp BID.

Tab Lakshadi Guggulu 2BID.

Bilvadi Avaleha 10gm BD with luke warm water.

Saraswatarishta 10 ml BID.

Panchendriya Vardhan tail Nasya 2-2 drops BID.

By the end of 7th day, patient became stable and comfortable. All symptoms were gradually reduced. Patient was discharged on 8th day and advised to continue Ayurvedic medicines for 1 month, and review after 7 days. She was also explained with do's and don'ts of Ahara-Vihara

(food habit and regimen) as avoidance of Amla (sour), Tikshna (pungent), spicy, Pitta-Vardhaka Ahara, Adhyashana (repeated eating before the prior digestion of food), Diva-Swapna (day time sleep), Ratri-Jagrana (Night awakening), sleeping after meal, over exertion, heavy meals, non-vegetarian diet etc.

RESULT

On the 7th day of treatment the patient reported reduction in frequency of loose stools to 9-10 times per day. Phenayukta and Raktayukta Purisha (mucous and blood-mixed stool) were seen occasionally. Improvement was observed in Kshudha (appetite) Udarashoola (distension and pain abdomen) was relieved. On the 14th day, the frequency of bowel reduced to 7-8 times per day. Mucous and blood-mixed stool was completely stopped. Improvement was noted in weakness, appetite, and reduced sleep. Frequency of stools reduced to 3 times per day and complete relief was reported in all the other signs and symptoms by the patient on the 21st day. Now patient advised to take Panchamrit Parpati 240 mg BD with Takra and Bilvadi Avaleha. On the 30th day, there was no any previous complaint reported by the patient and improvement in Bala (general strength), Varna (complexion), Agnideepti (appetite), and body weight was achieved. The patient was on follow-up till 1 year, without any single episode of relapse.

Table 1: Observation.

Signs & Symptoms	Before Treatment	7 th Day	14 th Day	21 st Day	30 th Day	6 th Month
Pain in abdomen	Continuous in whole abdomen	Pain reduced	Pain reduced	Absent	Absent	Absent
Frequency of stool	10-15 times per day (loose)	9-10 times /day (semi-solid)	7-8 times/day	3-4 times/day	1-2 times/day	1-2 times/day (semi-solid)
Blood in stool	Present with each defecation	Present	Reduced	Reduced	Absent	Absent
Mucous in stool	Present with each defecation	Present	Absent	Absent	Absent	Absent
Appetite	Reduced	Improved	Improved	Good	Good	Good
Weight	42 kg	42kg	43 kg	43 kg	44 kg	47 kg
Haemoglobin	7.3gm%					10.2gm%

DISCUSSION

Kutaj Churna: It has *Tridoshghna, Sangrahi, Katu Ras & sheet* properties So, helps in treating diarrhea, dysentery, ulcerative colitis, malabsorption syndrome.^[8]

Takra(Buttermilk) - *Deepana, Pachana, Sangrahi* and *Tridosahara*. *Laghu Guna* and *Deepana* properties of *Takra* helped to correct the *Agni*. Due to its *Madhura Vipaka* help in the balance of *Pitta*.^[9] Also, its *Vatahara* property helped to correct the vitiated *Samana Vayu*. The *Grahi* action of *Takra* subsided *Drava Mala Pravrutti* which has been proved to restore the bacterial flora of the intestinal mucosa. Hence *Takra* was major diet administered throughout the course of treatment.^[10]

Lakshadi Guggulu: *Lakshadi guggul* is a poly herb containing six different ingredients *Laksha Kakubha, Nagabala, Asthishrinkhala, Ashwagandha* and *Guggulu* having properties like *Shothahara* (anti-inflammatory), *Rakta Stambhaka* (Hemostasis – stops bleeding), *Vranaropaka* (Wound healing), *Balya, Vedanasthapana*, antioxidant, antipyretic, and anti-microbial.^[11,12]

Saraswatarishta: It act as a tranquiliser, anxiolytic and have antidepressant effect.^[13]

Panchendriya vardhan tail nasya: *Panchendriya vardhan tail* described by Acharya Kashyapa to improving power of all *panchendriya*.^[14]

Bilvadi Avaleha: *Bilva*, due to its *Kashaya, Tikta Rasa, Katu Vipaka* and *Laghu Guna* acts as *Agni Deepana* and also *Amapachaka*. *Kashaya Rasa* and *Ushna Virya* help in reducing the colonic motility. *Sangrahi* property of *Bilva* is very useful to treat the increased frequency of defecation and the consistency of stool. In *Bilvadileha* in addition to *Bilva, Prakshepa Dravyas* like *Dhanyak, Jirak, Ela, Keshar, Twak, Trikatu, Musta*, have properties like: *Deepana, Pachak, Kaphahara, Vedanasthapak, Rasayana*. Thus, due to different properties of its ingredients, *Bilvadileha* acts as *Tridosahara, Deepana, Pachana, Amanashaka, Grahi, Vibandhahara* and *Vatanulomana*.^[15]

Panchamrit Parpati: Mercury (*Parada*), Sulphur (*Gandhaka*), Mica (*Abraka*), Iron (*Loha*), Copper (*Tamra*) are the five constituents of *Panchamrit Parpati* acts on digestive system especially '*Grahani*' as *Doshaghna, Jantughna* and *Balya*. *Panchamrit Parpati* helps to manage the condition of *antra shotha, antra vrana* and for *pachan* of *Dhatugat Leena Dosha*. It is beneficial in improving the strength of intestines and regulates better movement of the intestines.^[16]

CONCLUSION

In this case study, Ulcerative colitis was successfully managed through Ayurveda. Ayurveda treatment can be a promising alternative, safe and convenient treatment in the management of ulcerative colitis as it can be useful for reducing the need of steroids and improves quality of life in the patient of ulcerative colitis. This treatment protocol could be explored further on larger sample and standardisation of treatment protocol can be carried out.

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