

MANAGEMENT OF SEVERE ULCERATIVE COLITIS THROUGH AYURVEDA – A CASE REPORT

Mithlesh Meena^{1*}, Gunjan Patheja², Shimmi³ and Rama Kant Yadava⁴

^{1,2,3}P.G. Scholar of Department of Kayachikitsa,

⁴Associate Professor of Department of Kayachikitsa All India.

Institute of Ayurveda, New Delhi.

Article Received on
27 July 2024,

Revised on 16 August 2024,
Accepted on 05 Sept. 2024

DOI: 10.20959/wjpr202418-33877



*Corresponding Author

Dr. Mithlesh Meena

P.G. Scholar of Department
of Kayachikitsa, Institute of
Ayurveda, New Delhi.

ABSTRACT

Ulcerative colitis is a chronic inflammatory disease, which is hard to manage because of its relapsing property and drug dependency. Currently available conventional treatments have limitations; making it important to search its cure in Ayurvedic science. In Ayurveda *Raktaj atisara* (Ulcerative colitis) could be correlated with Ulcerative Colitis (UC) for which treatment protocols have been mentioned. A 66 years old female patient attended OPD complaining of loose motions with profuse bleeding, diffuse abdominal pain, low grade pyrexia, weakness, dizziness and loss of appetite. Based on above complaints she was diagnosed with *Raktaj atisara* (Ulcerative colitis). She had taken two courses of steroids in the last year and recently underwent transfusion of six-units platelet and 6-units of PRBC (packed Red Blood Cell) for blood loss. *Pittashamak* (~*pitta dosha* alleviating),

Raktastambhak (~hemostatic) and *Grahi* (~absorbent) treatment was given by *Chandanadi lauha*, *Vasavleha*, *Kamdudha rasa*, *Yashtimadhu churna*, *Guduchi churna*, *Amalaki churna*, *Shandangpaniya* and *Posex* capsule. Complete relief in symptoms (low grade pyrexia, loose motions with profuse bleeding) was achieved in three days. Follow-up was done after one month and showed no relapse of symptoms. Haemoglobin levels increased from 5.3gm/dL to 8.4gm/dL within a month. The observations reveal that Ayurvedic approaches are helpful in managing Ulcerative Colitis successfully.

KEYWORDS: *Raktaj atisara*, Ulcerative colitis, *Shamana chikitsa*.

INTRODUCTION

Ulcerative colitis is a diffuse non-specific inflammatory disease that affects the colonic mucosa and forms erosion and/or ulcers.^[1] Around 90% of all cases of ulcerative colitis are mild or moderate in severity;^[2] and only 5–8% patients present with signs and symptoms of acute severe colitis.^[3] India shows the highest prevalence of the disease among other Asian countries;^[4] which makes an alarming situation for researching out the drugs which can be used on long term basis without any side effects. Several treatment protocols are available with the modern medicine which comprises of use of different oral drugs and corticosteroids.^[5] Drug resistance, drug dependency, and side effects of these drugs are very high and surgical intervention is known as the curative procedure for ulcerative colitis.^[6] Signs and symptoms of ulcerative colitis like rectal bleeding (may be associated with mucous), increased frequency of stool, sense of incomplete evacuation, urgency and tenesmus etc.^[7] are also seen under the description of *Raktaj atisara* and hence management can be done using the same Ayurvedic principles mentioned for its management.

PATIENT INFORMATION

A 66 years old female patient attended OPD with loose motions 6-8 times a day with profuse bleeding, diffuse abdominal pain, low grade pyrexia, weakness, dizziness and loss of appetite for the past 20 days. Patient was a known case of ulcerative colitis for two years receiving treatment with steroids and mesacol for profuse bleeding from the last 20 days. But the patient was not relieved satisfactorily with the use of medicines. The patient was a known case of rheumatoid arthritis with a drug history of long-term use of methotrexate. History of 6 units platelet concentrate transfusion and 6-unit PRBC (packed Red Blood Cell) transfusion was given. There was no family history of hypertension and diabetes mellitus. The patient was a vegetarian, food intake frequency and amount were irregular, and no alcohol/smoking/tobacco addiction was reported.

CLINICAL FINDINGS

Dry and coated tongue, Pallor (*Panduta/vaivarnya*) - present, Cyanosis (*vaivarnya*) / Clubbing (*Asthidhatu vikruti*) / Icterus (*Peet varnta/vaivarnya*) / Skin lesion (*Twak vikar*) / Lymphadenopathy (*Lasika granthi shotha*) - not present. Pulse- 108beats/min having low volume; blood pressure- 100/56 mmHg. Abdominal examination revealed- diffuse tenderness.

Dashvidha atura pariksha (~Tenfold examination)

Prakruti (body temperament) was *Vatapitta*. *Vikruti* (disease nature) was *Pitta* and *Rakta pradhan*. *Sara* (~excellence of tissues), *Samhanana* (~compactness of organs), *Pramana* (~measurement of body organs), *Satva* (~psyche), *Ahara shakti* (~power of food intake and digestive functions), *Vyayam Shakti* (~power of performing exercises) and *Vaya* (~age) was *Avara*. *Satmya* (~suitability) was found to be *Madhyam*.

Samprapti Ghataka (Pathogenesis)

Doshika predominance was *Vataj pittaj*. *Dushya* (~vitiated *dhatu*s) were *Purisha* (~fecal matter) and *Rakta* (~blood). *Srotas* (~channels) involved were *Purishvaha* (~channels carrying stool), *Udakvaha* (~channels transporting water) and *Annavaha* (~gastrointestinal tract). *Adhishthana* (~source of origin) - *Pakwashaya* / *Guda* (~large intestine). *Agni* (~digestive and metabolic capacity) was *Manda* (~mild). *Svabhava* (~nature of disease) was *Ashukaari* (~acute).

TIMELINE

Timeline of events is described in schematic representation. [Figure 1]

DIAGNOSTIC ASSESSMENT

Previously diagnosed case of ulcerative colitis (on the basis of colonoscopy) and the patient was diagnosed as a case of *Raktaj Atisara* based on symptoms mentioned in Ayurvedic texts.

Colonoscopy (performed on 27/01/2020) was suggestive of jejunal bleeding (ulcer; as mentioned in the colonoscopy report), Colonic ulcers with oozing and SRH (stigmata of recent hemorrhage). CT Angiography of abdominal aorta (performed on 28/01/2020) was suggestive of Serpigenous intraluminal hyperdensity in proximal jejunum likely to be extravasated contrast (as mentioned in the CT report). The colonic ulcers were probably secondary due to Non- Steroidal Anti-Inflammatory Drug (NSAID) induced enteropathy.

THERAPEUTIC INTERVENTION

Patient was admitted to the hospital and was given treatment on IPD basis from 31/01/2020 to 06/02/2020 (7 days). *Shamana chikitsa* was prescribed along with dietary modifications (soft diet). Oral medicines were given to the patient along with total bed rest because of excessive weakness (Table 1). The assessment of signs and symptoms was done pre-treatment,

post- treatment and after the follow-up period (consisting of first follow up telephonically after 15 days and second follow up during the OPD visit after one month of discharge from the hospital) was over (Table 2).

FOLLOW UP AND OUTCOME

The patient was taking methotrexate, which was discontinued by the patient herself during the course of Ayurvedic treatment. After three days of administration of Ayurvedic medicines, the patient showed considerable relief in rectal bleeding, tenesmus and abdominal pain. Complete remission of symptoms was achieved in seven days and the patient was discharged with the same treatment protocol to be followed for the next 15 days (Posex capsule was withdrawn during this period) and first follow up was done (telephonically) after 15 days from the date of discharge. The patient was then asked to discontinue all the ayurvedic medicines and was asked to follow up on OPD basis after 15 days. On the day of the visit of the patient to the hospital (13/03/2020; after 1 month of discharge) there was no relapse of symptoms.

Table 1: Shamana Chikitsa.

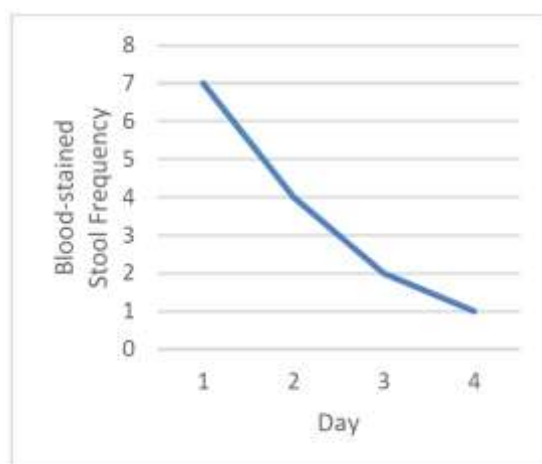
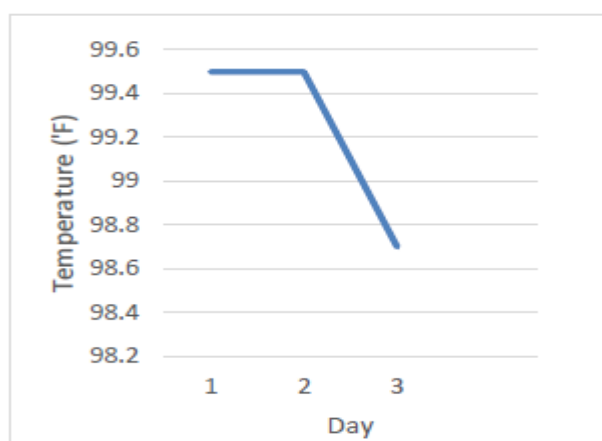
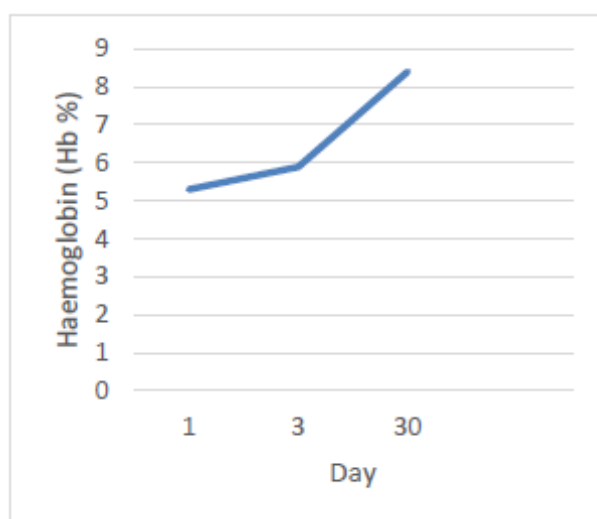
Oral Medication	Dosage
<i>Vasavleha</i>	10 gm thrice daily before breakfast, lunch and dinner
<i>Chandanadi lauha</i>	500mg twice daily after lunch and dinner
<i>Kamdudha rasa</i>	250mg twice daily after lunch and dinner
<i>Giloy + Amalaki+ Yashtimadhu churna</i>	1gm each after lunch and dinner
<i>Posex capsule</i>	2 capsules twice daily after lunch and dinner (each capsule 1.5gm)
<i>Shadangpaniya</i>	30 mL; every 4 hourly

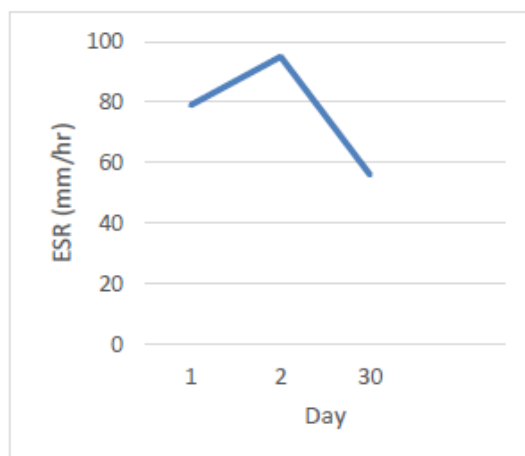
Table 2: Assessment Criteria

Severity grade from severe to remission of disease was achieved.

Sign and symptoms	Before treatment	After treatment
Blood-stained stool	>6 time /day	1-2 stools/day without bleeding P/R (within 3 days)
Fever	>99.5 F	No fever (within 3 days)
Tachycardia	>90 bpm (108 bpm)	No tachycardia (within 3 days)
Anemia	5.3g/d L	8.4g/d L (after 1 month)
ESR*	79 mm/Hr	56mm/Hr (after 1 month)

*ESR – Erythrocyte sedimentation rate

Legends for Graphs**Graph 1: “Resolution of blood-stained stools.****Graph 2: “Resolution of fever”****Graph 3: “Increase in Haemoglobin levels”.**



Graph 4: “Decrease in ESR Levels”

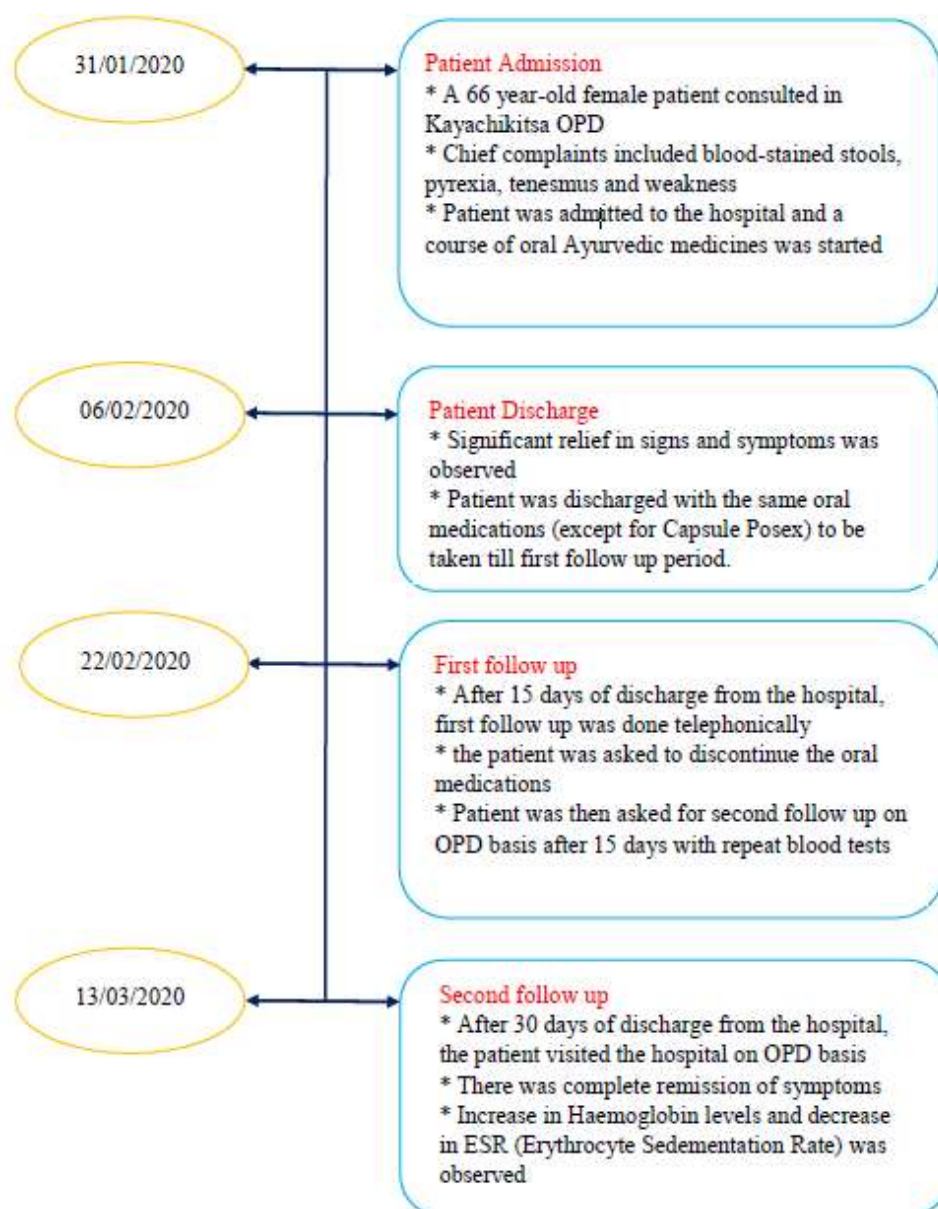


Fig. 1: Schematic Representation - Timeline of Events.

DISCUSSION

The main causative factor in ulcerative colitis is unknown but as per Ayurveda, the *Nidana* (~etiologic factors) causing *Pitta vruddhi* (~increased *pitta*) can lead to *Pittaja atisara*. If *Pitta* aggravating *Nidaan* is not avoided during the course of *Pittaja atisara* then it may lead to *Raktaja atisara*.^[8] *Rakta-piita-shamak* (*Rakta* and *Pitta* pacifying) and *Shonitasthapana* (~anti- hemorrhagic) treatment was given along with *Pathya* (~wholesome diet) including light digestible food predominant in *Kashaya rasa* (~astringent taste) like *Moong dal yush* (~split green-gram soup), *Khichadi* (~thick gruel made of rice and green-gram) etc. Significant decrease in blood-stained stools (Graph.1), fever (Graph.2) and Erythrocyte Sedimentation Rate (ESR) (Graph.4) accompanied by increase in hemoglobin levels (Graph.3) was achieved. Severity grade from severe to remission of disease was achieved.

Probable mode of action of intervention

Yashtimadhu churna (Powder of *Glycyrrhiza glabra* Linn.) has *Madhura rasa* (~sweet), *Guru* (~heavy) and *Snigdha* (~ununctuous) gunas, *Madhur vipaka* (~sweet at end of digestion) and *Sheeta veerya* (~cold potency). Because of *Madhura rasa* and *Sheeta veerya* it pacifies *Pitta*.^[9] It is best *Vrana shotha hara* (~wound/ulcer healer).^[10] Hence its *Pitta-shamana* and *Vrana- shothahara* actions helped achieve reduction in the blood-stained stools.

Amalaki churna has all *Rasa* except *Lavana* (~salty), *Sheeta veerya* (~cold in potency), *Laghu* (~light) and *Ruksha* (~drying, absorbing) *Gunas* (~property) and *Madhura vipaka* (~sweet taste at the end of digestion). It pacifies *Pitta dosha* due to *Madhura*, *Tikta kashaya rasa*, *Sheeta veerya* and *Madhura vipaka*. *Amalaki* has *Stambhana* (~styptic property), *Vrana ropana* (~ ulcer healing property) and *Shonit sthapana* (~hematinic) property.^[11] Hence it might have helped in the reduction of bleeding along with increase in Hemoglobin levels along with its healing properties.

Guduchi churna has *Tikta* (~bitter) and *Kashaya* (~astringent) *Rasa*, *Guru* (~heavy) and *Snigdha* (~unctuous) *Guna* and *Madhura vipaka* (~sweet at the end of digestion). It pacifies all three *Doshas*. It has *Sangrahi* (~stops excessive secretions), *Balya* (~strengthening), *Agni deepaniya* (~increases digestive fire), *Jwara nashini* (~antipyretic) and *Raktavardhak* (~hematinic) properties.^[12] Hence due to its *Sangrahi* and *Raktavardhaka* properties it might have helped in reduction in bleeding/mucous secretions and hence maintaining the normal Hemoglobin levels. The *Jwarahara* properties helped in pacifying the fever and bringing the ESR within normal ranges.

Kamdudha rasa is a well-known formulation having *Pitta shamana* (~Pitta dosha alleviating), *Rakta stambhan* (~hemostatic), *Sangrahi* (~consolidating) and *Sheet veerya* (~cold potency) properties because of *Sudha varga* as main ingredients. *Suvarna gairik bhasma* decreases the *Kshobha* (~ulcers/irritation) in small and large intestines. *Vranaropak* (~wound-healing), *Balya* (~strengthening), *Raktapittanashak* (~pitta-blood pacifying), *Jwarnashak* (~antipyretic) properties.^[13] Due to its above said properties it might have helped by healing the ulcers, bringing back normal strength and in the reduction of fever.

Chandanadi lauha is a drug of choice for *Jwara* (~fever). It possesses *Pitta shamana* (~pitta alleviating) property as maximum constituents have *Madhura rasa* (~sweet in taste) and *Sheeta veerya* (~cold potency). *Lauha bhasama* being major constituent possess haematinic activity and thus helped in increasing haemoglobin levels.^[14]

Vasaavleha is prescribed in *Raktapitta* (~pitta-blood pacifying); is astringent to taste, having *Sheeta veerya* (~cold potency), *Laghu* (~light), *Stambhan* (~absorbent) and *Raktastambhak* (~haemostatic) properties which helped in reduction of bleeding.^[15]

Shadangpaniya having *Grahi* (~absorbent), *Trishnanashak* (~thirst pacifier), *Jwarnashak* (~anti pyretic), *Sheeta* (~cold) properties and is used in dehydrated conditions which helped in pacifying the fever and dehydration due to its above said properties.^[16]

CONCLUSION

A fulminated case of ulcerative colitis was well managed with Ayurvedic intervention showing its potential in acute symptoms as well the treatment significantly alleviated the symptoms within three days with no relapse even after one month of follow-up. No side-effects were observed during the treatment period and thereafter. This study paves the path for future studies in the treatment and understanding of management of diseases of the Gastrointestinal disorders. The studies conducted at a large scale and with easy and cost-effective management protocols can provide a better quality of life (QoL) to the patients suffering from Ulcerative colitis.

Declaration of patient consent

Authors certify that they have obtained patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published, and due

efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

REFERENCES

1. Matsuoka K, Kobayashi T, Ueno F, Matsui T, Hirai F, Inoue N, et al. Evidence-based clinical practice guidelines for inflammatory bowel disease. *J Gastroenterol*, 2018; 53(3): 305-53.
2. Farrokh-Yar F, Swarbrick ET, Grace RH, Hellier MD, Gent AE, Irvine EJ, excellent outcome of first attack of ulcerative colitis in three regional cohorts. *Gastroenterology*, 1999; 116: A711.
3. Strong SA. Management of Acute Colitis and Toxic Megacolon. *Clin Colon Rectal Surg* 2010; 23(4): 274-84.
4. Kedia S, Ahuja V. Epidemiology of inflammatory bowel disease in India: the great shift east. *Inflamm Intest Dis*, 2017; 2: 102-115.
5. Burri E, Maillard MH, Schoepfer AM, Seibold F, Van Assche G, Rivi re P, Laharie D, Manz M; Swiss IBDnet, an official working group of the Swiss Society of Gastroenterology. Treatment Algorithm for Mild and Moderate-to-Severe Ulcerative Colitis: An Update. *Digestion*, 2020; 101 Suppl 1: 2-15. doi: 10.1159/000504092. Epub 2020 Jan 16. PMID: 31945767.
6. Stenson WF, Hanauer SB, Cohen RD. Inflammatory bowel disease. In: Yamada T, editor. *Text book of Gastroenterology*. 5th ed. UK: Willey –blackwell publications, 2009; p.1386-472.
7. Nicki R. Colledge, Brain R. Walker, Staurt H. Ralston Christopher RW, EDwares, lan AD, Bouchier (eds). *Davidson’s Priciples and Practice of Medicine*, Chapter 22. 20th ed. Imprint of Elsevier limited; 6/2006, p.913.
8. Shastri K, editor. *Vidyotini hindi commentary, Charaka Samhita, Chikitsa Sthana*, Chapter 19, Verse 69-70. Varanasi: Chaukhambha Bharati Academy; Reprint, 2013; p.570.
9. Prof. KC Chunekar, edited by Dr GS Pandey, Bhavprakash Nighantu, shlok no. 146, 1998; p. no. 66.
10. Korhalkar A, Deshpande M, Lele P, Modak M. Pharmacological studies of Yashtimadhu (*Glycyrrhiza glabra* L.) in various animal models. *Global J. Res. Med. Plants & Indigen*,

- 2013; 2: 152-64.
11. Sharma PV. Dravyaguna Vijnana, Vol- II, Rasayana Varga. Varanasi: Chaukhambha Bharti Academy, 2011; 758-60.
 12. Promila SS, Devi P. Pharmacological potential of *Tinospora cordifolia* (Willd.) Miers ex hook. & Thoms. (Giloy): A review. *Journal of Pharmacognosy and Phytochemistry*. 2017; 6: 1644-7.
 13. Sharma H, editor. *Rasa Yoga Sagar*, Volume 1, Chapter 155-157/702-713. Mumbai: The Late Pandit Hariprapanna Ayurvedic Charitable Trust, Poddar Chambers, Fort, 1930; p.260-61, 2010 edition.
 14. Jankar S., Bhise D., Panchaware P. Review on Chandanadi Lauha. *World Journal of Pharmaceutical Research*, 2021; 10(10): 324-329.
 15. Mishra SN, editor. Hindi Commentary of Govind das sen „Siddhiprada“, Bhasjaya Ratnavali, Chapter 14, Verse 37-39. Varanasi: Chaukhambha Surabharati Prakashan, 2017; 408.
 16. Shastri K, editor. Vidyotini Hindi commentary, Charaka Samhita, Chikitsa Sthana, Chapter 3, Verse 145. Varanasi: Chaukhambha Bharati Academy; reprint, 2013; p-135.