

A CRITICAL REVIEW ON ULCERATIVE COLITIS AND ITS MANAGEMENT

Dr. Nancy Panjeta*¹, Dr. Charu Sharma², Dr. Rajnikant Rohilla³

¹PG Scholar, Department of *Kayachikitsa*, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

²Professor, Department of *Kayachikitsa*, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

³Professor and H.O.D, Department of *Kayachikitsa*, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

Article Received on 30 March 2026,
Article Revised on 20 April 2026,
Article Published on 01 May 2026,

<https://doi.org/10.5281/zenodo.19874621>

*Corresponding Author

Dr. Nancy Panjeta

PG Scholar, Department of
Kayachikitsa, Quadra Institute of
Ayurveda, Roorkee, Uttarakhand,
India.



How to cite this Article: Dr. Nancy Panjeta*¹, Dr. Charu Sharma², Dr. Rajnikant Rohilla³. (2026). A Critical Review on Ulcerative Colitis And Its Management. World Journal of Pharmaceutical Research, 15(9), 217-233.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Rakta Atisara, a classical condition described in *Ayurveda*, is characterized by frequent passage of loose stools mixed with blood. It bears a close resemblance to Ulcerative colitis, a chronic idiopathic inflammatory disorder of the colon in modern medical science. Both conditions share common clinical features such as diarrhoea, presence of blood in stools, abdominal pain and tenesmus. Ulcerative Colitis primarily affects the mucosal layer of the large intestine and often presents with periods of relapse and remission, impacting the quality of life of patients. In *Ayurvedic* texts, *Rakta atisara* is attributed to the vitiation of *Pitta dosha*, particularly *Ranjaka pitta*, along the vitiated *Vata* and *Kapha*, leading to damage of the intestinal mucosa and loss of *Rakta* (blood) through the anal route. Various etiological factors, including improper dietary habits, stress and weak digestion (*Agnimandya*) are implicated

in the pathogenesis. Modern treatments of Ulcerative colitis include corticosteroids, immunosuppressants and biologics, which provide symptomatic relief but are associated with adverse effects and frequent relapses. On the contrary, *Ayurvedic* management focuses on correcting the *doshic* imbalance, enhancing digestion and metabolism, healing the gut lining, and

restoring normal bowel function through a combination of dietary regimen (*Pathya-Apathya*), herbal formulations, *Panchkarma* procedures and *Rasayana* therapy. This integrative approach not only offers symptomatic relief but also addresses the root cause, aiming for long-term remission and improved patient well-being. Understanding Ulcerative Colitis in the light of *Rakta Atisara* opens avenues for holistic and sustainable management through *Ayurveda*.

INTRODUCTION

The human gastrointestinal system is highly sensitive to internal and external factors, and disorders affecting it can significantly impair overall health. Among such disorders, diarrhoea conditions accompanied by bleeding hold particular clinical importance. In contemporary medicine, Ulcerative Colitis is recognized as a chronic, idiopathic inflammatory bowel disease (IBD) characterized by continuous mucosal inflammation of the colon, especially the rectum. It manifests as bloody diarrhoea, abdominal pain, urgency and fatigue, with a pattern of relapses and remissions. A higher risk of colon cancer is linked to this condition. The exact cause remains uncertain, but it is believed to result from an abnormal immune response to intestinal flora in genetically predisposed individuals.

In *Ayurveda*, a traditional Indian system of medicine, a similar condition is described as *Rakta Atisara*, a type of *Atisara* (diarrhoea) where *Rakta* (blood) is passed along with the stools. This condition is primarily caused by the vitiation of *Pitta dosha*, particularly when associated with *aggravated Vata*, leading to damage of intestinal tissues and oozing of blood. *Rakta Atisara* is often linked to improper dietary habits, psychological stress and weakened digestive fire (*Agnimandya*).

While modern medicine offers symptomatic treatment for Ulcerative colitis through corticosteroids, immunomodulators and biological agents, these approaches often come with side effects and fail to provide a permanent cure. Most pharmaceutical compounds commonly used to treat IBD have side effects such as headache, diarrhoea, nausea and worsen the quality of life. Due to side effects of drugs like Mesalamine 5-aminosalicylic acid (5-ASA) patients are forced to stop the medicine and to choose other alternative options for better care and to increase the quality of life. *Ayurveda*, on the other hand, emphasizes a holistic approach by addressing the root cause, restoring *doshic* balance, strengthening digestion and promoting tissue healing. This article aims to explore the clinical parallels between *Rakta Atisara* and Ulcerative colitis, analyze their pathophysiology in both systems of medicine,

and highlight the potential of Ayurvedic management in offering long-term relief and improved quality of life.

AIMS AND OBJECTIVES

The aims and objectives of the article are briefly mentioned below:

1. To bring to light the various options available in Ayurveda for managing Rakta Atisara, so that the grand old medical knowledge becomes known and easily accessible to the medical practitioners, researchers and the common man.
2. To present a review of the literature in *Ayurveda*, for managing Ulcerative Colitis.

Ulcerative colitis

Inflammatory bowel diseases are chronic inflammatory disorders of gastrointestinal tract characterised by a relapsing and remitting course. Inflammatory bowel diseases include several conditions, most common being: Ulcerative colitis and Crohn's disease. Other uncommon inflammatory bowel diseases include: Microscopic ulcerative colitis, Microscopic lymphocytic colitis and Microscopic collagenous colitis.

Definition

Ulcerative colitis is an inflammatory disease affecting mainly the large intestine, characterised clinically by recurrent attacks of bloody diarrhoea and pathologically by diffuse inflammation of colonic mucosa.

Disease extent can be broadly divided into distal and more extensive disease

- Distal disease refers to colitis confined to the rectum (proctitis) or rectum and sigmoid colon (proctosigmoiditis)
- More extensive disease includes "left-sided colitis" (up to the splenic flexure), "extensive colitis" (up to the hepatic flexure) and pancolitis (affecting the whole colon).

Aetiology

Familial or genetic

- Strong family history
- Occurrence in monozygotic twins

Infectious

- Possible pathogens include:

- Mycobacterium (*M. avium paratuberculosis*)
 - Measles virus
 - Listeria monocytogenes
 - Yeast
 - Endogenous bacteria
1. *Bacteroides*
 2. *E. coli*

Dietary Factors: Deficiency or excess of certain nutrients (butyric acid, sulphides, L-arginine and glutamine)

Smoking: Patients with Crohn's disease are more likely to be smokers and smoking can exacerbate it. There is an increased risk of ulcerative colitis in non-smokers.

Psychological: Characteristic personality and major psychological stresses are related to flare-ups and precipitation of symptoms.

Defective immune Regulation: Many immunological abnormalities have been described that include stimulation of macrophages leading to excessive production of cytokines (interleukin-1, interleukin-6 and tumour necrosis factor- α). There is also activation of other cells (eosinophils, mast cells and fibroblasts). Immune complexes may be responsible for extraintestinal manifestations.

Pathology

Primarily involves the colonic mucosa. Mucosal involvement is uniform and continuous with no intervening areas of normal mucosa. Rectum is involved in 95% of cases (proctitis). From the rectum the disease extends proximally into the colon in a continuous fashion. Back wash ileitis is involvement of a few centimetres of ileum, when the entire colon is involved. Macroscopically, the mucosa appears hyperaemic, haemorrhagic or ulcerated. Ulcers do not usually extend deeper beyond the submucosa. "Pseudo-polyps" are regenerating islands of mucosa surrounded by areas of ulceration and denuded mucosa. They protrude into the lumen of colon like polyps. Microscopically, the lamina propria is infiltrated with lymphocytes and plasma cells. There is loss of goblet cells also. Crypt abscesses are characteristic with infiltration of crypts with neutrophils. In toxic megacolon, transverse colon is dilated, walls are thin, mucosa denuded and inflammation extends to serosa. It may rupture later. In the

chronic variety, there is fibrosis and shortening of the colon with loss of normal haustral pattern. The surface epithelium may show features of dysplasia. Strictures, anal fissures and anal abscesses are uncommon.

Clinical Features

General

- Severity of symptoms reflects the extent of colonic involvement and the intensity of inflammation
- Exacerbations and remissions are characteristic
- Bloody diarrhoea with mucus and pus
- Abdominal pain, especially lower abdominal
- Fever, weight loss and loss of appetite
- Symptoms and signs of dehydration and anaemia
- Extraintestinal manifestations occur in one-third of patients which may be present even, when the disease is inactive.
- Tenderness on palpation over the colon, especially in the left iliac fossa. Relapses are associated with emotional stress, intercurrent infections and use of antibiotics.
- Incidence of carcinoma of colon is high, especially in cases of total colitis, duration more than 10 years and early age of onset.

Acute variety

- Disease involves the entire colon
- Severe systemic symptoms like fever, weight loss and loss of appetite
- Exhausting diarrhoea and dehydration.
- Tachycardia and postural hypotension.
- Tenesmus, lower abdominal pain and left iliac fossa tenderness due to serosal involvement.
- Toxic megacolon and rupture may occur.

Chronic variety

- Bowel is permanently damaged by fibrosis. Colon behaves as a rigid tube incapable of absorbing fluids, acting like a faecal reservoir.
- No systemic manifestations or toxaemia.
- Patient lives in chronic ill health with chronic diarrhoea.

Disease confined to rectum (proctitis)

- Systemic symptoms are trivial or absent.
- Loose motions and blood streaking of stools.
- Severe tenesmus and frequent small loose stools.
- Bleeding and mucus per rectum.

Distal colitis

- Constipation rather than diarrhoea.
- Retention of faeces in the proximal colon and small hard stools.

Investigations

- Anaemia, raised ESR and leucocytosis
- Electrolyte abnormalities
- Hypoproteinaemia
- Abnormal liver function tests
- Blood culture in septicaemia
- Stool examination and culture to exclude infective pathology
- Stool for *Clostridium difficile* toxin
- Elevated faecal calprotectin and lactoferrin levels
- Plain radiograph of abdomen
 1. To exclude toxic dilatation of colon
 2. May help assess disease extent in ulcerative colitis
- **Barium enema**
 1. Earliest features are irritability and incomplete filling
 2. Ulcerations
 3. Pseudo-polyps and strictures
 4. Chronic stage of the disease is characterised by shortening of the bowel, depression of flexures, narrowing of bowel lumen and rigidity. The bowel has asymmetric, haustral and tubular (pipe stem) appearance.
- **Sigmoidoscopy**
 1. Uniform continuous involvement of the mucosa
 2. Loss of mucosal vascularity

3. Diffuse hyperaemia or erythema
 4. Exudate of mucus, pus and blood
 5. Mucosal friability-gentle rubbing of the mucosa with a cotton swab shows the appearance of diffuse, small bleeding points
 6. Shallow, but small or confluent ulcers
 7. Pseudo-polyps
- Colonoscopy: For mild to moderate disease colonoscopy is preferable to flexible sigmoidoscopy because the extent of disease can be assessed. In moderate to severe disease, there is a higher risk of bowel perforation and flexible sigmoidoscopy is safer.
 - Rectal biopsy shows mucosal inflammation.
 - Serologic markers
1. Perinuclear antineutrophilic cytoplasmic antibody (p-ANCA) is positive in 60-70% of patients with ulcerative colitis (seen in only 5-10% of patients with Crohn's disease).
 2. Anti-*Saccharomyces cerevisiae* antibodies (ASCA) in only 10-15% cases (positive in 60-70% case of Crohn's disease).
 3. Anti-goblet cell autoantibodies in 30-40% cases of ulcerative colitis and Crohn's disease.

Treatment

General Measures

- Parenteral nutrition through a central venous line in seriously ill patients
- High-protein and low-residue diet
- Blood and plasma infusions
- Correction of dehydration and electrolyte imbalance
- Parenteral broad-spectrum antibiotics in septicaemia
- Codeine phosphate and loperamide for mild diarrhoea (avoided in severe disease)

Corticosteroids

- For inducing remission in moderate to severe cases
 - No role in maintaining remissions
 - Local treatment
1. Hydrocortisone or prednisolone enemas, suppositories or foam.
 2. Choice of topical formulation is determined by proximal extent of the inflammation (suppositories for disease of the rectosigmoid junction; foam or liquid enemas for more proximal disease).

3. Duration of treatment is 3-6 weeks.
4. Proctitis is treated with corticosteroid suppositories twice daily.
5. Distal colitis with mild symptoms is treated with corticosteroid enema once or twice daily. Topical steroids are less effective than topical 5-aminosalicylic acid (5-ASA).

- **Systemic treatment**

1. Prednisolone 40-60 mg orally daily for 3-6 weeks.
2. Intravenous hydrocortisone 100-200 mg 6 hourly in severe cases.
3. Intramuscular or subcutaneous injection of long-acting corticotrophin is used in the treatment of relapses.
4. Steroids once started are gradually tapered and withdrawn.

Aminosalicylates

- Useful in controlling acute exacerbation as well as to prevent relapses. Maintenance therapy may reduce the risk of colorectal cancer by up to 75%.
- Available as oral tablets, sachets, liquid or foam enemas.
- Act on epithelial cells by a variety of mechanisms to moderate the release of lipid mediators, cytokines and reactive oxygen species.
- Include 5-aminosalicylic acid (5-ASA) or mesalazine alone, or combination of 5-ASA with a carrier, which releases 5-ASA after splitting by bacteria in colon (sulphasalazine, olsalazine and balsalazide).
- Sulphasalazine, the most frequently used agent, is a combination of:
 1. 5-ASA (active agent)
 2. Sulphapyridine (acting as a "carrier")
- The compound is broken down in colon by bacterial action liberating 5-ASA that acts locally.
- Side effects include nausea, headache, rashes, sterility in males, haemolytic anaemia, Stevens-Johnson syndrome and agranulocytosis. Dose is given 2-4 g/day in mild to moderate attack and 0.5 g QID to prevent relapses, as a maintenance.
- Mesalazine uses 5-ASA with an enteric coating.
- Azodisalicylate joins two molecules of 5-ASA by an azo bond that is split by bacteria in the colon. An example is olsalazine. A side effect unique to olsalazine is diarrhoea resulting from excessive production of fluid in the intestines (secretory diarrhoea). In

disease limited to rectosigmoid, topical (as enema or foam) 5-ASA (1 g per day) may be tried before resorting to topical steroids.

- Note: 5-ASA in free form is absorbed in the small intestine and may produce renal toxicity.

Immunosuppressive Agents

- Azathioprine and 6-mercaptopurine both are useful in maintaining remission and have steroid sparing properties. Long term treatment is required to prevent relapse.
- Useful in patients, who require two or more corticosteroid courses within a calendar year, those whose disease relapses as the dose of prednisolone is reduced below 15 mg, or relapse within 6 weeks of stopping steroid.
- Methotrexate useful in patients, who do not respond to azathioprine.
- Cyclosporin an inhibitor of calcineurin, prevents clonal expansion of T-cell subsets. Intravenous cyclosporin is effective in severe ulcerative colitis refractory to steroids. After response, azathioprine or 6-mercaptopurine is required to maintain remission.
- Mycophenolate mofetil, which suppresses the proliferation of B and T cells, is effective in maintaining remission.
- Tacrolimus has shown efficacy in refractory or extensive disease.
- In patients resistant to immunosuppressives, infliximab (anti-TNF-alpha antibody) has been shown to be effective.

Surgical Management

- Emergency surgical procedure is colectomy with ileostomy; the rectum and distal colon being removed at a later stage.
- Elective surgical procedure is total proctocolectomy with ileostomy or ileorectal anastomosis or ileo-anal anastomosis.

Indications of emergency surgery

- Severe forms of the disease
- Toxic dilatation of colon
- Perforation
- Severe haemorrhage

Indications of elective surgery

- Acute disease that fails to respond to medical treatment
- Frequent relapses in spite of adequate treatment
- Chronic disease with permanently damaged bowel; strictures
- Total bowel involvement with activity extending over >10 years

Miscellaneous

- Colonoscopy with multiple biopsies is recommended every 3 years in patients with extensive colitis of more than 10 years duration to assess for any dysplastic or malignant changes. In those with disease for more than 20 years, colonoscopy is recommended every 2 years and after that, every year. Four random biopsies every 10 cm from the entire colon are best taken with additional samples of suspicious areas. If the biopsy shows high-grade dysplasia, total colectomy may be done.
- Newer methods for targeted biopsies include chromoendoscopy, narrow band imaging or confocal endomicroscopy.

In Ayurveda,**Origin of *Atisara***

Agnivesha approached and bowed respectfully to *Lord Atreya*, when they were sitting in the northern side of the Himalayas surrounded by the congregation of sages to tell us about diarrhoea for the welfare of the people. On this lord says, In initial age, the animals were sacrificable in *yajnas* (sacrificial rites), they were actually not sacrificed, but after the sacrifice performed by *Daksa* when sacrificial rites were performed by the son's of *Manu* such as *Narisyan*, *Nabhaga*, *Iksvaku*, *Nga Saryati* etc. the animals began to be sacrificed with their (animal's) own permission. Still later *Pradhra* started sacrificing bulls when other animals were not available for his long term sacrificial rite. On seeing this the creatures became shocked and when in this afflicted mental state and consequent loss of *agni* they ingested the killed bulls, it caused diarrhoea due to heaviness, hotness, unsuitability and use of inauspicious thing. Thus *atisara* (diarrhoea) originated initially in the sacrificial rite of *Pradhra*.

Definition of *Rakta- Atisara*

When increased body fluid diminishing *agni* mixes with faeces and propelled by *vayu* passes out excessively is known as *Atisara*.

Rakta-Atisara is a condition where loose motions are accompanied by blood. As per *Charaka Samhita*, when *Pitta* gets aggravated and affects the *Rakta-dhatu*, it leads to bleeding along with frequent bowel movements.

Nidana of *Rakta- Atisara*

The main causes (*Nidana*) of *Rakta Atisara* are factors that vitiate *Pitta* and *Rakta*:

Excessive intake of

- Sour, salty, spicy, and alkaline food
- Fermented, pungent, or unctuous substances
- Intake of alcohol, contaminated food or water

Over-exposure to: Heat (sun, fire, hot winds)

Emotional factors – anger, jealousy, stress

When patient of *pittaja atisara*, indulges in foods which aggravates *pitta* still more, then dreadful *Raktaja atisara* (Diarrhoea due to aggravation of *Rakta* develop).

Samprapti

In *rakta- atisara* (Bloody diarrhoea), the primary *Samprapti* involves the vitiation of *rakta* and other *doshas* particularly *vata* and *pitta*, leading to the manifestation of bloody stools. When above mentioned *pitta-varadhaka nidana-sevana* is done, it leads to *agnimandya* and causes *ama-* formation in the body. *Ama*, along with aggravated *Doshas* (*Vata* and *pitta*) vitiates *Rasa*, *Rakta* and other *dhatu*s. The vitiated *Pitta dosha* enter *Pakvashaya*, due to its *Ushna* and *drava* properties, directly aggravates the *Rakta*, causing it to become excessively liquid and mixed with the stool. The vitiated *Doshas* and *Ama* obstruct, impairs the *Annavaha*, *Purishavaha* and *Udakavaha srotas* (Channels related to digestion and elimination) leading to abnormal bowel movements causing the passage of stools along with *rakta*. *Vata* may also get associated, leading to pain, tenesmus and frequency of stools.

Samprapti Ghataka

***Dosha* :** *Pitta Pradhan Tridosha*

***Dushaya* :** *Rasa, Rakta, Sweda, Mutra, Purisha*

***Srotasa* :** *Annavaha, Udhakavaha, Swedavaha, Mutravaha, Purishvaha*

***Srotodusti prakara* :** *Atipravrutti*

***Roga-marga* :** *Koshtha*

***Agni* :** *Vishama*

Udabhavsthana : Aamashaya

Adhithana : Manodaihik

Vyaktisthana : Pakwashaya

Swabhava : Ashukari Or Kricchrasadhya

Sadhya- Asadhyta : Sadhya or kricchrasadhya (depending upon the severity)

Lakshanas of Rakta- Atisara

- *Atidrava mala pravritti* (frequent loose stools)
- *Raktayukta mala pravritti* (passage of blood in stools)
- *Shoola* (colicky abdominal pain)
- *Daha* (burning sensation)
- *Trishna* (excessive thirst)
- *Murchha* (fainting)
- *Jwara* (fever)
- *Tama darshana* (giddiness/blackouts) in severe cases
- Dehydration signs (interpreted from symptoms)

If Vata is associated, symptoms like

- Bloating
- Dryness
- Tenesmus (feeling of incomplete evacuation) may be seen.

Chikitsa of Rakta- Atisara

Ayurvedic Management

Nidana Parivarjana: Avoiding the causative factors is crucial.

Shodhana (Purification): Procedures like *Virechana* (purgation) and *Basti* (enema) may be used to eliminate toxins and balance *doshas*.

Shamana (Palliative Treatment): Herbal remedies with *Pitta-pacifying* and *Raktastambhana* (blood-stopping) properties are used.

Some Ayurvedic formulations

1. Barks of *Vatsaka* & *Dadima salatu* each 1 pala (40 grams) is boiled in 8 times the quantity of water (640 ml) and decoction reduced to 1/8th quantity (80 ml) consumed with honey, cures rakta atisara.

2. One part of paste *Krishnatila*, added with 5 parts of sugar & consumed with goat milk.
3. Decoction of *Vatsaka*, *ativisa*, *bilva*, *udichya* & *musta* cures diarrhoea in its early stage, accompanied with pain, bleeding and persisting for many days.
4. *Krsna mrit*, *Madhuka*, *Lodhra* and *kutaja* mixed with rice- wash & consumed adding honey is best to stop bleeding.
5. *Bilva* added with *guda* when consumed can cure diarrhoea.
6. Fresh tender leaves of *jambu*, *amra* & *amalaka* are pounded & juice extracted. This is mixed with honey & consumed cures *rakta atisara*.
7. Root of *Kutaja* washed well, 2 *pala* (80 grams) in quantity is boiled in *four sarava* (1280 ml) of water & decoction reduced to 1/4th filtered; 2 *pala* (80 ml) of goats milk & eight *masha* (4 gm) of honey added to decoction and consumed cures *rakta atisara*.
8. Consuming paste of *Shatavari* with milk or either medicated ghee prepared from juice of *Shatavari* followed by diet with milk only.
9. Butter extracted from cows with added honey & sugar consumed used for *virechana*.
10. Paste of *Chandana* added with honey & sugar & when consumed with rice water can cures *rakta atisara*.
11. The goat milk boiled with tender sprouts of *Nyagrodha* etc mixed with sugar can be consumed or used for washing the rectum.
12. Milk boiled with barks of *sallaki*, *Priyangu*, *Tinisa*, *Salmali* & *plaksa* added with honey should be consumed or Milk boiled with *Yasti*, *Lodhra* & *Sariva* mixed with honey & sugar; or milk boiled with *krsnatila*, *Samanga*, *Utpala* & *Yastimadhu*.
13. The recipe of Goat's milk boiled with *padma*, *utpala*, *Samanga*, *Mocarasa*, *Sariva*, *Yasti*, *lodhra* and *sprouts of vata* should be consumed with honey & sugar.
14. Goat's Milk along with half of its amount of water, powder of *hribera*, *utpala* & *Nagara* juice of *Prishnaparni* made into peya and butter along with honey & sugar.
15. Medicated ghee prepared with *laksha*, *nagara*, *vaidchi* & *katuka*, bark of *Darvi* & *Indrayava*.

Burning sensation & ulceration of rectum

Decoction of *Patola* or *Yasthi madhuka* used cold & goats milk mixed with honey & sugar for washing the rectum, for application and also for consumption.

Pain

When there is severe pain due to too many purgations, the rectum should be given

fomentation with flesh of mice cooked in steam or by a bolus of Wheat flour made with hot water & ghee for pain relieving.

Rectum prolapse

- In case of *gudanissarana* (mild prolapse) use of *Changeri Ghrita*.
- In case of *gudabhramasa* (great prolapse), the rectum should be anointed with oil or ghee and pushed inside. After it gets inside, mild fomentation should be given with cooked flesh of mice.
- Meat of *Sambuka* (*Snail*) is steam cooked & added with oil & salt, the rectum is anointed with ghee and mild fomentation is done with cooked meat.

Anuvasana basti

It should be given with ghee prepared from *Prapaundrika*.

Piccha basti

Even after Anuvasana basti (enema therapy) properly done, if diarrhoea continues to persist, then *piccha basti* (enema with slimy materials) should be administered. Tender sprouts of *salmali* are wrapped with green *darbha* grass, made into a round ball and given a coating of mud and heated inside the fire of cow-dung. After the mud becomes dry and the leaves soft, they are taken out, pounded in a pestle, made into a ball of paste; this paste, one *musti* (*pala*) in quantity is macerated with one *prastha* of milk, and filtered; this filtered milk mixed with ghee, oil honey and the paste of *madhuka* should be used for *asthapana basti* (decoction enema). After the evacuation of bowels, the patient should take bath, eat food either with milk mixed with decoction of *kacchura* or with soup of meat of animals of desert-like regions.

<i>Rasendra Chintamani</i>	<i>Harita Samhita</i>	<i>Chakradatta</i>	<i>Chakradatta</i>	<i>Chakradatta</i>
<i>Mritsanjeevana rasa</i>	<i>Usheeradi Kwatha</i>	<i>Brihat Salaparnadi Paniya</i>	<i>Rasanjanadi churna</i>	<i>Bilwadi ksheera</i>
<i>Karunya sagar rasa</i>	<i>Shali parnyadi Panak</i>	<i>Kutajaadi Kashaya</i>	<i>Vatsakadi Kwatha</i>	<i>Tanduliya Ksheera</i>
	<i>Tindukadirasa panak</i>	<i>Samangadi Kwatha</i>	<i>Dadimadi Kwatha</i>	<i>Shatavari Kalka</i>
	<i>Bilwadi churna</i>	<i>Ankothamula Kalka</i>	<i>Guda bilwa prayoga</i>	<i>Shatavari Ghrita</i>
		<i>Hriberadi Peya</i>	<i>Jambvadi Kwatha</i>	<i>Kutajadi Rasa kriya</i>
		<i>Kutaja putpaka</i>	<i>Kutajaashtaka</i>	<i>Ksiradrumadya Ghrita</i>

Updrava

The *updravas* of *Atisara* (diarrhoea) as mentioned by different authors are compiled as *trishna* (thirst), *daha* (burning sensation), *swasa* (difficulty in breathing), *bhrama* (giddiness), *hikka* (hiccup), *jwara* (fever), *sopha* (swelling), *ruja* (pain), *kasa* (cough), *aruchi* (tastelessness), *pravahika* (mucous diarrhoea), *parikartika* (gripped pain in rectum), *murcha* (fainting). Most of the *updravas* are well indicative of severe stage of dehydration.

Atisara Nivrtti lakshana

The patient has recovered from *atisara* when there is proper elimination of urine, flatus, and stool, an improvement in the digestive fire, and a feeling of lightness in the gastrointestinal tract.

Pathya- Apathya

Wholesome Regimen in atisara

- (i) If the patient of *atisara* is weakened by hunger he should be given *laghu bhojana* in proper time of taking food.
- (ii) *Ausadha-siddha peya* prepared with drugs and *laja*, *manda* strained through cloth and *masura yusa* are wholesome.
- (iii) *Saktu* the hard mass of parched grain flour is *guru* (heavy) while the contrary is *laghu* (light). If the *saktu* in *avaleha* form it is digested easily due to softness.

Unwholesome regimen

Snana, *abhyanga*, *avagaha snana*, *guru snigdha bhojana*, *atibhojana*, *vyayama* and *agni santapta* should be avoided by the patients of *atisara*.

DISCUSSION

The condition described as *Raktaja Atisara* in Ayurvedic texts shows remarkable similarity to ulcerative colitis as understood in modern medicine. Both are characterized by frequent, loose and bloody stools accompanied by symptoms such as abdominal pain, burning sensation, thirst, fainting and foul-smelling excreta. According to *Acharya Charaka*, *Rakta Atisara* occurs due to aggravation of *Pitta* and *Rakta* due to factors such as excessive intake of spicy, sour and hot foods, prolonged exposure to heat and emotional triggers like anger and jealousy. The vitiated *pitta* and *rakta* impairs digestive fire (*Agni*) liquifies stools and cause ulceration in the colon, leading to the typical symptoms of the condition. In modern medical science, ulcerative colitis is identified as a chronic inflammatory disease for the colon, with

an auto-immune basis and relapsing-remitting nature. Despite differing theoretical foundations, the clinical presentations and pathological outcomes of both conditions are closely aligned. Ayurvedic treatment protocols like *Langhana*, *Pachana* and *Pichha basti* offer a holistic therapeutic approach. These therapies function through multiple mechanisms including *Shothahara*, *Vrana-ropaka*, *Rakta Stambhaka*, *Stambhana* and *Pitta*-pacifying actions alleviates symptoms and correct underlying *doshic* imbalance and restore gut health. A comprehensive and integrative approach that combines *Ayurvedic* principles with modern clinical understanding may enhance the long-term management and quality of life for affected individuals.

CONCLUSION

Rakta Atisara, described in *Ayurvedic* texts, refers to diarrhoea with blood caused by the vitiation of *doshas* (mainly *Pitta* and *Rakta*) and involves symptoms like frequent stools, abdominal pain, and bleeding. Ulcerative colitis, is a chronic inflammatory bowel disease characterized by inflammation and ulceration of the colon leading to bloody diarrhoea, abdominal cramps and fatigue. Despite different etiologies and terminologies both conditions share several clinical similarities such as: bloody diarrhoea, Tenesmus (urge to defecate), Abdominal discomfort, Chronic and relapsing course. *Ayurveda* emphasizes a holistic approach with herbal formulations, dietary modifications and *Panchkarma* therapies, while modern medicine relies on Anti-inflammatory drugs, immunosuppressants and in some cases surgery. Integrating both systems may offer complementary benefits, particularly in chronic management and improving the quality of life.

REFERENCES

1. Mathew, K. George, and Praveen Aggarwal. *Medicine: Prep Manual for Undergraduates*. 5th ed., Elsevier, 2020; 702-706.
2. P.V. Sharma: *Chaukhambha Orientalia*; English Translation, *Charaka Samhita*. Chapter 19 *Chikitsa sathan*, 319.
3. P.V. Sharma *susruta samhita*, *Ayurveda English translation Vol.III*, Chap. 40 *uttaratantra*, *Chaukhambha Orientalia*, 373.
4. *Madhav Nidan Madhukosha commentary Chaukhambha Sanskrit Sansthan* 31st edition, c2002.
5. Pandey Ajay Kumar, *Textbook Of kaya chikitsa*, Chapter *Atisara*, *Chaukhmbha Publications*, New Delhi, First Edition, c2019; 2.

6. Tripathi Pt. Harihara Prasad Harita Samhita Hari Hindi Vyakhyasahita, Varanasi, Chuakhambha Krishna Das Academy, 2nd Edition, 2009, Tritiya Sthana, Chapter 3.
7. Ashtanga Hridaya of Vagbhata, Sarvanga Sundari Comm. Arunadatta, Edited by Dr. kanjiv lochan chapter 9 chikitsa sathan.
8. Bhavaprakasha of Bhavamishra commentary Chowkhamba Orientalia Academy Translated by Prof K.R. Srikanta Murthy Chapter 2.
9. Chakradatta (chikitsa sangraha) of Cakrapanidatta chaukamba Orientalia Varanasi translated by Dr. G. Prabhakara Rao chapter 3 treatment of Atisara.
10. Professor Siddhinandan Mishra, Rasendra chinthamani, Acharya Dundukanatha, reprint edition, Varanasi, Chaukambha orientalia, 2011; chapter 9.
11. Sastri B.S. Yogaratnakara with Vidyotini hindi commentary. Reprint ed. Varanasi. Chaukhambha Prakashan, 2010.
12. Vagbhata's Ashtang Sangraha, Translated by Prof. K.R. Srikantha Murthy Chaukambha Orientalia Chapter 11 Atisara Chikitsam.