

**AYURVEDIC LINE OF TREATMENT IN RAKTAATISARA/ RAKTAJA PRAVAHIKA (ULCERATIVE COLITIS) – A SINGLE CASE STUDY****Dr. Binjal Patel<sup>1\*</sup>, Dr. Kishan Senjaliya<sup>2</sup>, Prof. Surendra A. Soni<sup>3</sup>, Vd. Anamika S. Soni<sup>4</sup>**

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**ABSTRACT**

*Raktaatisara/Raktaja pravahika* (ulcerative colitis) is condition of inflammation and ulceration of lower intestinal mucosa causing recurrent melena & pain in abdomen. Changing life style, food habits, food adulteration, fast food etc. are main causes for this disease. Contemporary modern science treats this condition with antibiotics, anti-inflammatory and steroids etc. but there is no permanent cure. Ayurveda is capable to provide complete cure easily with its specific individualized classical approach, if patients directly approach to the Ayurvedic physician. A 22-year old male patient with history of irregular life style and food habits, presented with complaint of on &

off abdominal pain, hyperacidity and melena was successfully treated in Govt. Akhandanand Ayurveda College Hospital on the basis of principles of classical Ayurveda and use of *piccha vasti*.

**KEYWORDS:** Colonoscopy, *Raktatisara/ Raktaja pravahika*, *piccha vasti*.

**INTRODUCTION**

Ulcerative colitis is a chronic idiopathic inflammatory bowel disease (IBD).<sup>[1]</sup> In Ayurveda, it can be correlated with *raktaatisara/ raktaja pravahika*.<sup>[2]</sup>

*Pittaatisara* is one type of *atisara* described in *Charak samhita*, it is caused by excessive use

of *pittavardhak aahara* & *vihara* like- *amla*, *tikshna*, *ushna*, *katu Pradhan rasa* and *kinva* (fermented), use of *kshara* (soda bicarbonate) and other environmental causes like *agni-surya santap* (excessive exposure of heat & sunlight), *ushnamarut uptap* (excessive exposure of warm air or wind). it is also caused due to *mansika vikara* (disturbed mind) like- *krodha* (anger), *irsya* (jealousy) etc. When this type of lifestyle is continued with irregular food habits and sleep, mental stress etc. symptoms aggravate and further lead to the condition (phase) known as *raktaatisara/ raktaja pravahika*.<sup>[3]</sup>

In Modern science, chronic *raktajatisara* condition clinically similar with ulcerative colitis. It is an idiopathic form of acute and chronic ulcero-inflammatory colitis affecting chiefly the mucosa and sub-mucosa of the rectum and descending colon. Though sometimes it may be involved the entire length of large bowel. There is prevalence rate of UC is about 44.3/100,000 and incidence of UC cases rate about 6.02%/100,000. in India about more than 1.1 million People suffers from this disease. In this case, according to Ayurveda, we have tried to assess the *samprapti ghataka* (pathological agent), *samprapti* (pathophysiology) and made effort to break the vicious cycle of pathogenesis of the disease, leading to root eradication of the disease.

### PATIENT INFORMATION

A 22-year young male patient came to OPD no.4 (P.G. Kayachikitsa department) at Govt. Akhandanand Ayurveda College Hospital, Ahmedabad with following complaints on 13<sup>th</sup> November, 2021.

### CHIEF COMPLAINTS:

- Abdominal pain (*udarshool*) +++ - Since 3 months
- Foul smelling frothy diarrhoea with mucous (*Sakapha durgandhit Malappravruti*) +++ - Since 3 months
- Burning sensation on epigastric region (*Urahadaha*) +++ - Since 3 months
- Blood in stool (*Saraktamalappravruti*) +++ - Since 1 week
- Anorexia (*Aruchi*) +++ - Since 1 week
- Weakness (*Dorbalya*) ++ - Since 1 week
- Frequent Stools: 6-7 times per day

He was diagnosed and treated in modern allopathy hospital as a case of ulcerative colitis. According to his parents that he stayed at home alone when they were out of station because

of social cause. The patient used to consume fast and junk food from market in routine and his daily routine was very much disturbed and irregular.

Initially mild abdominal pain, heart burn, anal burning etc. symptoms occurred but patient continuously consumed vada-pav etc. junk food. When above symptoms occurred, he was hospitalized, diagnosed and treated as a case of ulcerative colitis. Due to side effects and patent modern drug toxicity, patient was brought to our hospital.

**PAST HISTORY:** No any specific **FAMILY HISTORY:** Nil **PERSONAL HISTORY:**

**DIET:** Veg, junk food, fast food **SLEEP:** Irregular (*Ratrijagarana*) **APPETITE:** Irregular

**BOWEL MOVEMENT:** 6-7 times/day **MICTURITION:** 5-6 times/day, 1-2 times/night

**PULSE:** 80/min

**BP:** 120/80 mm/hg **R.R:** 20/min

**Temp:** 98 F

#### INVESTIGATION REPORTS: COLONOSCOPY REPORT

**“ANSH” CLINIC**

Patient Name : <b>XXXXXXXXXX</b> <b>ATI</b>	Date : <b>29/10/2021</b>
Gender / Age : <b>Male / 22 Years</b>	OPD No : <b>ACR0039</b>
Ref. By : <b>DR SARJAY VYAS MS</b>	Endoscopy No : <b>212225515</b>

**COLONOSCOPY**

COLONOSCOPY DONE UNDER SEDATION (INJ. MIDAZOLAM AND INJ. PROPOFOL)

**RECTUM :** THERE IS LOSS OF VASCULARITY, ERYTHEMA, EROSIONS AND MULTIPLE ULCERS WITH MUCOPUS

**SIGMOID COLON :** SAME CHANGES ✓

**DESCENDING COLON :** SAME CHANGES ✓

**SPLENIC FLEXURE :** SAME CHANGES ✓

**TRANSVERSE COLON :** DISTAL PART SHOWS SAME CHANGES. PROXIMAL TRANSVERSE COLON NORMAL

**HEPATIC FLEXURE :** NORMAL ✓

**ASCENDING COLON :** NORMAL ✓

**CECUM :** NORMAL ✓

**TERMINAL ILEUM :** NORMAL ✓

MULTIPLE BIOPSIES TAKEN FOR HPE FROM RECTUM TO SPLENIC FLEXURE.

**FINAL IMPRESSION: ULCERATIVE COLITIS- E3 DISEASE. MAYO SCORE III. BIOPSY TAKEN.**

**DR CHAITANDESH GANDHI DNB GASTRO**

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**AARTHAM HOSPITAL :- L- COLONY, OPP. POLYTECHNIC COLLAGE AMBAWADI AHMEDABAD -15**  
**FOR APPOINTMENT :- 9023496394**

#### DIAGNOSIS

On the basis of clinical history, clinical presentation and colonoscopy investigation, patient was diagnosed as a case of *Raktaja atisara/ pravahika*.

**THERAPUTIC INTERVANTION<sup>[4]</sup>**

*Piccha vasti* was planned in the management, but patient refused to take *vasti* because of his exam. So, initially medicine (*Shamana chikitsa*) was started as below.

Medicine	Dose	Duration
<i>Rasayana tikdi</i>	2 tab. TDS	30 Days
<i>Chandrakala Rasa</i>	2 tab. TDS	30 Days
<i>Kutaja ghanavati</i>	2 tab. TDS	30 Days
Tab. Livomyn	2 tab. QID	30 Days
Tab. Posex forte	2 tab. QID	30 Days

All these medicines given with plain water after meal.

The patient got some symptomatic relief with these drugs. After that patient was admitted in IPD for further *piccha vasti*<sup>[5]</sup> for 14 days. Selection of *vasti dravyas* was as per drug available in IPD. *Vasti dravyas* used in *vasti* was as below.

<i>Vastidravya</i>	Doses
<i>Khadira churna</i>	10 gm
<i>Shatavari churna</i>	20 gm
<i>Vasa churna</i>	10 gm
<i>Guduchi churna</i>	20 gm
<i>Arjuna churna</i>	10 gm
<i>Lodhra churna</i>	10 gm
<i>Panchavalkala kwatha</i>	50 gm
<i>Dugdha</i>	250 ml

*Piccha vasti* (*Ksheer* based) was prepared as per *ksheerpaka vidhi* and 300 ml *piccha vasti* was administered following modified drip method of *vasti* administration. *Vasti* was basically planned as *Apunarbhava chikitsa*.

***Pathya – Apathya* (wholesome diet and activity- do's & dont's)**

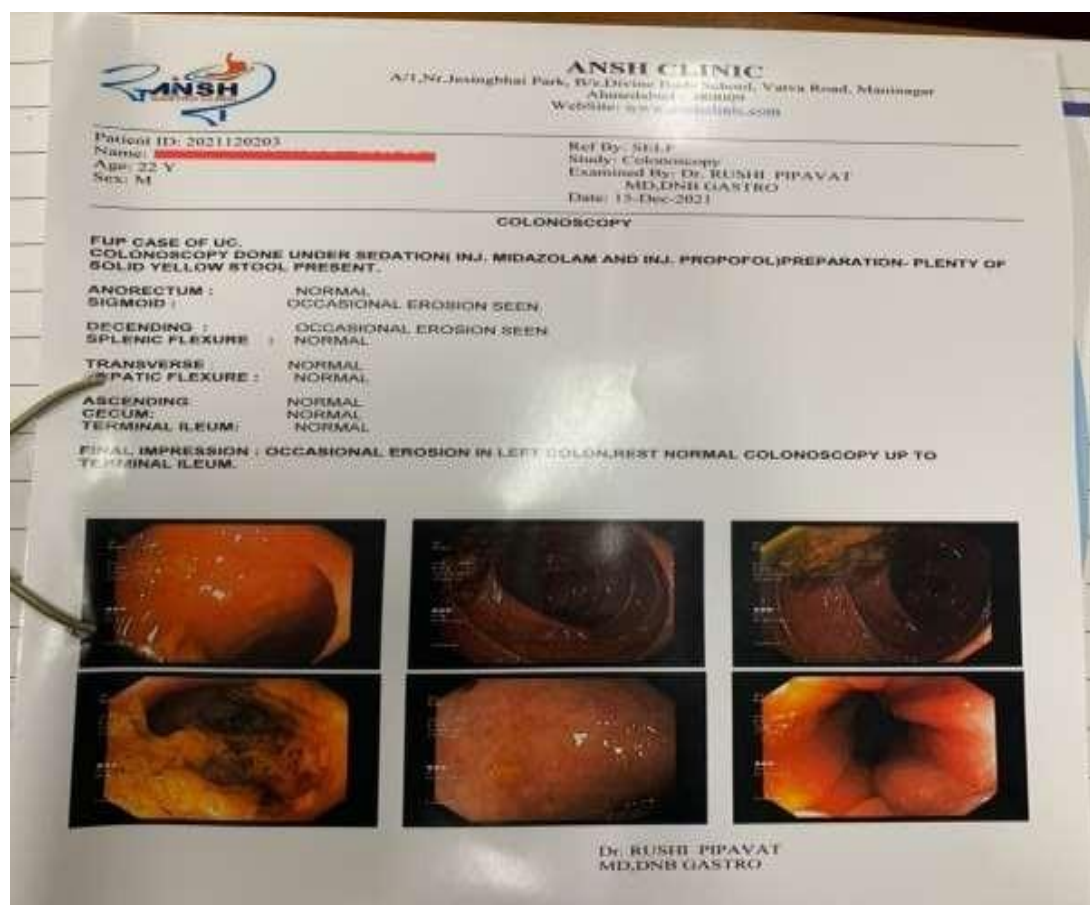
Patient was advised for *pathya aahara* and *vihara* during the course of medication like – fresh home cooked, warm, easily digestible light diet like – khichadi (*vilepi*), *mudga yusha* (green gram soup), vegetables soups etc. Patient was barred for day sleep (*divaswapa*) and awakening at night (*ratrijagarana*), exposure with *pravata* (direct exposure of wind), forceful suppression of natural urges (*vega*).

## ASSESSMENT OF DISEASE IMPROVEMENT

## SUBJECTIVE CRITERIA

SYMPTOMS	B.T.	A.T.					
		Pt. on oral medication ( <i>Shamana chikitsa</i> )				Pt. on <i>piccha vasti</i> ( <i>Shodhana chikitsa</i> )	
		1st week	2nd week	3rd week	4th week	1st week	2nd week
Abdominal pain ( <i>Udarshool</i> )	+++	+++	+++	++	+	+	-
Foul smelling frothy diarrhoea with mucous ( <i>Sakapha durgandhita malapravrutti</i> )	+++	+++	+++	++	++	+	-
Burning sensation on epigastric region ( <i>Urahadaha</i> )	+++	+++	++	++	+	+	-
Blood in stool ( <i>Saraktamalapravrutti</i> )	+++	+++	+++	++	+	+	-
Anorexia ( <i>Aruchi</i> )	+++	+++	++	++	++	+	-
Weakness ( <i>dourbalya</i> )	++	++	++	++	++	+	-
Stool frequency	6-7 times/day	6-7 t/d	4-5 t/d	3-4 t/d	1-2 t/d	1-2 t/d	1-2 t/d

❖ INVESTIGATION AFTER TREATMENT: COLONOSCOPY; DATE 15 DECEMBER 2021



## RESULT

After *Vasti chikitsa* patient got complete relief in all signs & symptoms with physical as well as mental wellbeing and cheerfulness in life.

## FOLLOW-UP

Follow up medication was given in OPD of Akhandanand Ayurveda Collage Hospital, Ahmedabad. *Naimittika rasayana* drugs were dispensed as per the condition of the patient and colonoscopy.

Medicine	Anupana	Dose
<i>Shatavari churna</i> – 5 gm <i>Nagakesara churna</i> – 5gm <i>Guduchi churna</i> – 3 gm ( <i>ksheerpaka</i> method)	-	2 times/day (Empty stomach)
<i>Samshamani vati</i>	Plain water	2 tab. BD
<i>Amalaki churna</i> – 2 gm <i>Dhatri loha</i> – 500 mg <i>Muktashukti</i> – 500 mg	Honey	1 tsf 2 times/day

## DISCUSSION

*Agni* is the basic factor responsible for normal metabolic function. In *pittaatisara*, there is an increased in *pitta gunas* specially *drava*, *ushna*, *sara*, *tikshna* etc. when *pittaatisari* patient further indulge *pittaj nidana* then excessive increased said *pitta gunas* leading to reactive decreased in *dhaturupa shleshma* and leads to erosion of intestinal mucosa and rupture of capillaries by *ushna*, *tikshna pitta gunas*. Increased *sara guna* lead to diarrhea and reactive *vata prakopa* is responsible for pain in abdomen etc. So, we can say that *pitta* is mainly responsible for the such clinical presentation. *Raktaatisara/ Rakta pravahika* present as frequent stools with melena is main characteristic feature. Patients with *Pittaatisara* have tendency to develop *Raktaatisara* when they do not follow *pathya ahara-vihara* and take hot, spicy, fried, junk food and fast food along with irregular life style leads to *Raktaatisara* as the mechanism. Explained above, the *samprapti ghataka* (pathological agent) and *samprapti* (pathophysiology) as shown below. We made an effort to break the pathogenesis of the disease with basis of below *samprapti* and patient got complete relief with root eradication of the disease.

### *Samprapti ghatak*

1. *Dosha: Pitta Pradhan Tridosha*

*Pitta: Dravyatah vridhhi: Inflammation*



*Gunatah vridhhi: Ushna, Tikshna, Sara, Drava Guna*

*Karmataha vridhhi: Diarrhea*

**PITAA VRIDDHI:**

<i>Pachaka</i>	-
<i>Ranjaka</i>	+
<i>Sadhaka</i>	-
<i>Alochak</i>	-
<i>Bhrajaka</i>	+

**VATAVRIDDHI:**

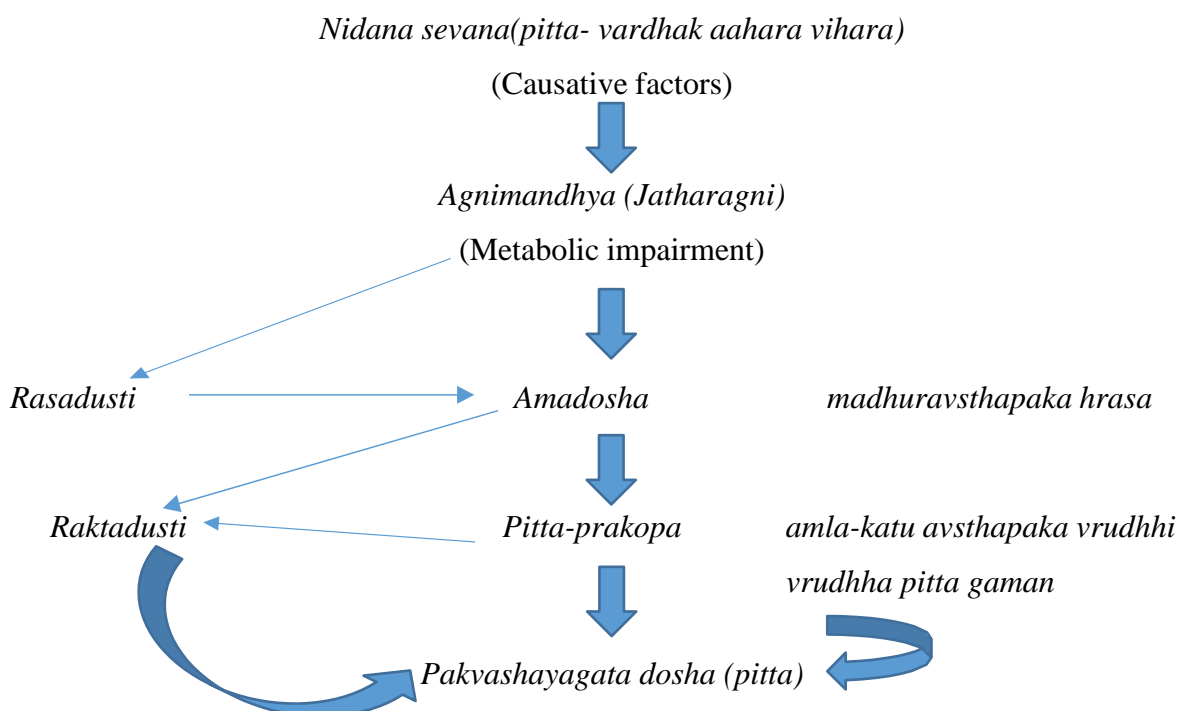
<i>Prana</i>	++
<i>Udana</i>	-
<i>Samana</i>	+++
<i>Vyana</i>	+
<i>Apana</i>	++++

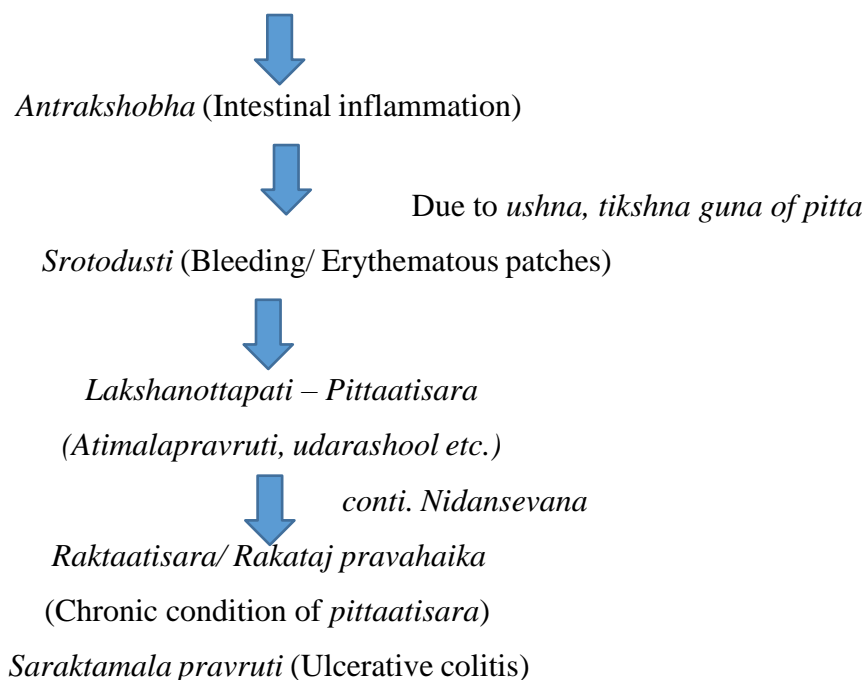
**KAPHA-KSHAYA:**

<i>Kledaka</i>	++++
<i>Shleshaka</i>	-
<i>Alochaka</i>	+
<i>Tarpaka</i>	-
<i>Bodhaka</i>	+

2. *Dushaya: Rasa, Rakta, Sweda, Mutra, Purisha*
3. *Srotasa: Annava, Udhakava, Swedava, Mutrava, Purishva*
4. *Srotodusti prakara: Atipravrutti*
5. *Rogamarga: Kosta*
6. *Agni: Vishama*
7. *Samata: Sama*
8. *Udabhavstana: Aamashaya*
9. *Adhistana: manodaihi*
10. *Vyaktisthana: Pakwashaya*
11. *Swbhava: Ashukari*
12. *Sadhya-asadhyta: Sadhya*

**Samprapti**





Therefore, the first line of treatment is *nidana parivarjana* followed by use of *Rakta-stambhaka* and *grahi* medicines.

The therapeutic plan was advised specifically as per the condition of patient and drugs availability in Govt. Akhandanand Ayurveda College Hospital. *Chandrakala rasa* and *Rasayanatablet* was advised as *dosha pratyanka*, *Kutaja ghanvati* and *Posex forte* tablet was advised as per *vyadhi pratyanka*, *Livomyn* tablet was added as a *tikta*, liver tonic and *deepan* drug. *Vasti* was selected as per instruction by *acharya charak* very similar to *piccha vasti* and based on availability of drugs in IPD. *Vasti* is a very unique therapeutic procedure that directly reaches at site of lesion and mainly acts with the *rasa*. It was modified as per the condition of patient and given with drip method, so *vasti dravyas* could interact the lesion for longer duration in comparison to classical method. *Tikta rasa* has a good property as *shothanasak*, *kledahara*, *pittashamak*, *kapha-pittashoshan*, *ropana* & *sheeta*. When it is processed in milk, it becomes highly effective as seen in this case. *Vasti* not only possesses local action but also it reaches the whole GIT and body because of its remote action. *Tikta picchavasti* is fully capable to cure the condition of *vatasthagat pitta* (as seen in UC) with principle of स्थानंजयेद्धि पूर्वस्थानस्थस्याविर्द्धम् च<sup>[6]</sup> (cha.chi.23).

## CONCLUSION

Ulcerative colitis is now becoming a very big problem for medical fraternity specially in urban areas because of modern diet & life style and absence of root eradication treatment in



modern science. The use of steroids progressively worsen the immunity of the patient leading to hazardous effects. Ayurveda provides *apunarbhava chikitsa*(root eradication treatment) with its specific classical approach.

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