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EFFICACY OF AYURVEDIC INTERVENTIONS IN ULCERATIVE COLITIS: A CASE STUDY

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ABSTRACT

Ulcerative colitis is a chronic inflammatory bowel disease affecting the colon and rectum, characterized by symptoms such as rectal bleeding, abdominal pain, diarrhea, and weight loss. The prevalence of inflammatory bowel disease is increasing in India, particularly among younger individuals, with lifestyle and environmental factors playing a contributory role. Conventional management includes aminosalicylates, corticosteroids, immunomodulators, and biologics, which are effective in inducing remission but may be associated with adverse effects and risk of relapse. Ayurveda offers a holistic and individualized approach, correlating ulcerative colitis with conditions such as Pittaja Grahani and Raktatisara. Management focuses on correcting impaired digestion (Agni dushti), along with dietary regulation, herbal formulations, and lifestyle modifications aimed at restoring gut homeostasis. Emerging evidence suggests that Ayurvedic interventions may have a supportive role in improving quality of life and reducing disease recurrence. However, as this is based on limited clinical observations, further well-designed studies with larger sample sizes are required to establish efficacy and develop standardized treatment protocols.

Keywords: *Ulcerative colitis, Ayurvedic Intervention, Pittaja Grahani, Raktatisara*

INTRODUCTION

Ulcerative Colitis is a chronic inflammatory bowel disease primarily affecting the colon and rectum. Rectal bleeding, abdominal pain, diarrhoea, and weight loss are common symptoms.[1] Ulcerative colitis is rapidly rising in India, with an estimated 15 lakh people affected by inflammatory bowel disease as of 2024, topping South Asian countries. Primarily affecting younger individuals, the disease shows a higher prevalence in Northern and Central India. Cases are often more severe than in the past, with rapid westernisation of lifestyles and diets, and pollution cited as contributing factors.

Conventional management of Ulcerative Colitis primarily involves the use of amino salicylates, corticosteroids, immunomodulators, and biologic agents, which have demonstrated efficacy in inducing and maintaining remission, particularly during active phases of the disease. However, long-term therapy may be associated with adverse effects, variability in patient response, and a risk of relapsing upon dose reduction or discontinuation, as reported in several clinical studies.

In parallel, traditional systems such as Ayurveda propose a holistic and individualised framework for managing ulcerative colitis (often correlated with *Pittaja Grahani* or *Raktatisara*). This approach emphasises correcting underlying pathophysiological factors, including impaired digestion (*Agni Dushti*), dietary indiscretions, and psychosomatic stressors. Interventions typically include dietary regulation, herbal formulations, and lifestyle modifications aimed at restoring gut homeostasis and systemic balance. Emerging evidence suggests that such collective approaches may have a supportive role in improving quality of life and reducing disease recurrence. However, further well-designed clinical trials are warranted to establish their efficacy and mechanisms of action. This single case study is the first step towards that aim.

Case History

A 32-year-old male serving in the Border Security Force (BSF), resident of Yedur, Karnataka, presented to the outpatient department with a chief complaint of per rectal bleeding for the past 1.5 years. The bleeding was associated with increased bowel frequency, characterised by 7–8 episodes of loose stools per day, with mucus in the stools. The patient also reported intermittent abdominal pain during this period.

Additionally, he experienced unintentional weight loss and generalised weakness over the course of the illness. The chronicity and progression of symptoms significantly impacted his daily activities and overall quality of life.

History of present illness

The patient was apparently asymptomatic 1.5 years before presentation. He gradually developed increased bowel frequency, initially passing loose stools 3–4 times per day, associated with anal discomfort, abdominal pain, and intermittent per rectal bleeding. At the time, he was posted in Meghalaya while serving in the Border Security Force (BSF). Over time, the symptoms showed a progressive course with increasing severity.

He initially sought medical care at a military hospital, where he received symptomatic treatment that provided only temporary relief. The patient reported that factors such as extreme climatic conditions, irregular duty schedules, inconsistent meal timings, and occupational stress contributed to the exacerbation of his symptoms. Subsequently, his condition worsened, with an increase in stool frequency to 10–12 episodes per day, accompanied by blood and mucus in stools, along with significant weight loss.

Further evaluations by a gastroenterologist included colonoscopy, abdominal ultrasonography, histopathological examination (biopsy), and other relevant investigations. Based on clinical findings, he was managed with corticosteroids, analgesics, antibiotics, and immunosuppressive therapy for approximately 4–5 months. However, the patient reported suboptimal symptomatic relief with this treatment.

Due to the persistence of symptoms and inadequate response to conventional therapy, he presented it to our outpatient department in May 2024 for further management.

Other Additional Information

- Family history – Mother and father have diabetes.
- Drug history – History of using analgesics and steroids for ongoing symptoms on and off.
- Personal history – Diet (mixed) non-veg 3 times a week, hot, spicy, oily food intake. Uncertain mealtimes.
- Sleep – Reduced and disturbed due to irregular duty hours.

1. Systemic Examination

- Respiratory system – Bilateral air entry equal, no added sounds.
- Cardio-Vascular system – S1, S2 normal.
- Per abdomen – Tenderness over the umbilical region, right hypochondriac region, distended, no organomegaly detected.

2. Ashtasthana Pariksha

i. *Nadi- Pitta-Vataja, Saama*
ii. *Mala- 10-12 times/day, loose with mucus and blood*
iii. *Mutra-5-6 times/day*
iv. *Jivha- Saama*
v. *Shabda - Heena*
vi. *Sparsha- Ushna*
vii. *Drik- Prakrita*
viii. *Aakriti-Madhyama*

3. Vital data –

- Blood pressure -110/70mm hg
- Pulse -82/min
- Temperature-98.2F
- Respiratory rate -17/min

Diagnostic assessment –

The colonoscopy report revealed that the mucosa of the transverse colon, descending colon, sigmoid colon, and rectum showed loss of vascular pattern, erythema, oedema, ulceration, and spontaneous bleeding, giving the impression of colonic ulcers and ulcerative colitis (E3).

The biopsy report showed rectal mucosa with distorted crypt architecture, characterised by crypt loss.

Haematological parameters noted- Hb-9.9gm/dl, RBC – 5.21 million/uL, WBC – 6000 cells/mm^3, platelet – 355000/mm^3, RBS- 87 mg%

Diagnosis according to Ayurveda –

According to Ayurveda, Ulcerative Colitis is a manifestation of aggravated Pitta and Rakta, leading to inflammation and ulceration in the colon. Symptoms are similar to *Pittaj Atisara, leading to Raktaj Atisara*[3] *and Pravahika,* leading to *Grahani*.

Materials and Methods –

A: Classical Review

A classical review was undertaken to explore the Ayurvedic conceptual framework relevant to Ulcerative Colitis, with particular emphasis on *Atisara, Pittadhara Kala,* and *Majjadhara Kala.* Authoritative Ayurvedic compendia, including the Charaka Samhita and Sushruta Samhita, were systematically reviewed.

The description of *Pittadhara Kala* was obtained from Sharira Sthana (Chapter 4, Verse 20) of the Sushruta Samhita, which describes it as the anatomical and functional entity situated between *Amashaya* and *Pakvashaya*, serving as the principal seat of *Pitta* and playing a key role in digestion and metabolism. Similarly, the concept of *Majjadhara Kala* was reviewed in Sharira Sthana (Chapter 4, Verse 22), which describes it as the structure that supports the *Majja Dhatu* within the bony framework.

Clinical features of *Pittaja* and *Raktaja Atisara* were reviewed from Chikitsa Sthana (Chapter 19, Verses 6–9) of the Charaka Samhita. *Pittaja Atisara* is characterised by frequent passage of yellowish, liquid, foul-smelling stools associated with a burning sensation. In contrast, Raktaja *Atisara* involves the passage of blood mixed with stools along with pain and features of *Pitta* aggravation. This classical review served as the basis for correlating traditional Ayurvedic concepts with the contemporary clinical features observed in the present case.

B: Treatment protocol-

Ayurvedic classics have mentioned the First line of treatment for disease as Nidan parivarjana, followed by Shodhana and Shamana Chikitsa, such as Amapachana, Grahi, and *Raktastambhan*.

Due to irregular dietary timings, stressful duty, extreme climatic conditions, *tridosha*, primarily Pitta and Vata, get aggravated, affecting Agni, which is the root cause of the disease. In this patient, it led to Pittaj Atisara, which in turn led to *Raktaj Atisara* and *Grahani*.

Considering *Dushya Deshadi* factors and *Purishavaha, Annavaha*, and Manovaha srotodushti, a Kala Basti protocol (Piccha Basti) is planned in this case. That structure which supports and contains *Pitta* is known as *Pittadhara Kala*. It is situated between the *Amashaya* (stomach) and *Pakvashaya* (intestines) and serves as the seat of *Pitta*.[4] And the same is Majjadhara Kala. So *Shirodhara* with *Bramhi Taila* and *Shaman Chikitsa* was planned.

Treatment Given–

I.Shodhana Therapy:

Treatment	Medicines	Dose	Duration
Pichha basti[5]	Honey, saindhav, dadimadi ghrita, yashtimadhu kalka, shalmali mustadi sidhha ksheer	450 ml	Kala basti schedule
Anuvasan basti[5]	Shatavari ghrita[6] and dadimadi ghrita[7]	80 ml	
Shirodhara	Brahmi taila		7 days

II.Shamana Therapy:

Medicines	Dose	Duration	Remarks
Panchamrita parpati[8]	375 mg BD	90 days	Ghee
Bolabaddha rasa	250 mg BD	21 days	Tandulodak
Kutajarishta[9]	15 ml BD	First 30 days	30 ml water
Bilva churna	2 gm BD	30 days	Ghee
Nagkeshar Churna	1 gm BD	30 days	Water
Takrarishta[10]	15 ml BD	31st to 90th day	30 ml water

III. Pathyapathya

Avoid	Prefer
Raw Salads	Well-cooked food
Spicy Food	Pomegranate
Oily Food	Butter Milk
Pulses	Ghee
Chilly	Moong Khichadi
Ultra Processed Snacks	Freshly prepared food

4. Assessment Criteria –Partial Mayo score for ulcerative colitis (0-9 scale)

Characteristic	B.T.	A.T.
Stool frequency	3	1
Rectal bleeding	3	0
Physician's global assessment	3	0

Characteristic	B.T.	A.T.
Hemoglobin	9.9 gm/dl	13.8 gm/dl
Weight	50 kg	59 kg

DISCUSSION

According to signs and symptoms and colonoscopy, biopsy, it was diagnosed as Ulcerative Colitis. From the Ayurvedic perspective, it is *Pittaj Raktaj Atisara* leading to *Grahni*. Considering this *Grahi, Raktastambhak, and Pitta-Rakta Shamak formulations that strengthen Grahani* are selected.

- *Panchamrit Parpati* – Among all *Parpati Kalpanas*, this is considered the best. It has Deepan, Pachan, and Grahi properties and gives strength to the *Grahni Avayava* itself. It is made up of *Parad, Loha, Tamra, Abhraka* and *Dravaroop Gandhak*. The intention is that it should not get absorbed in *Amashaya.* Due to chemical reactions and body heat, Gandhak begins to digest, releasing the trapped medicine and initiating its action. *Gandhak* also works simultaneously. Compared to sindoor and pottali kalpana, Agni Samskara is less here. Hence, Parpati becomes a Guru in nature, having *Adhogamitva*. So, it acts in *Pakvashaya* and *Grahani.*
- *Bolbaddha Rasa* – It is *Rasakalpa* with *Parad*, *Gandha*k and *Guduchi Satva* with equal quantity *Rakti Bol* having *Shalmali Kashaya Bhavana*.
- *Kutajarishta* – It is a traditional ayurvedic polyherbal formulation used to treat digestive disorders. It reduces intestinal motility and, due to its astringent properties, controls bleeding and watery stools.
- *Bilva Choorna – Bilva* fruit is popularly used in dysentery, diarrhoea, and GI disorders. It is antimicrobial, promotes healthy nutrient absorption, and helps heal the ulcerated intestinal surface.
- *Takrarishta*- It is an excellent source of prebiotics and probiotics. Buttermilk is fermented with medicinal herbs, which help in improving digestion and appetite.
- *Pichha Basti* -It is considered the best among all for *Grahni* and *Raktatisara*. It contains *Pichhil Draya* like *Mocharasa*, which helps reduce stool frequency due to the *Sangrahi* property and relieves mucus without straining. *Pichha basti* is *Sangrahi*, *Vranaropaka, Raktastambhaka, and Shothaghna* due to its *Kashaya Rasa* and *Sheeta Veerya*.
- *Anuvasana basti* works on Pakvashaya, which lowers *Ruksha Guna* of *Apana Vata* and helps in *Vatanulomana*. *Shatavari* G*hrita* helps in *Raktastambhana*.
- *Shirodhara* works on *Prana Vayu, Sadhak Pitta, thereby improving the functions of the sense organs, reducing* stress and tension. As *Majjadhara* kala is equal to *Pittadhara* kala, it also works on Grahani. The concept of the brain-gut axis indicates a bidirectional communication network between the CNS and the intestine.

CONCLUSION

Based on clinical presentation, diagnostic findings, and therapeutic response, the patient was diagnosed with ulcerative colitis. The Ayurvedic management protocol, comprising *Pichha Basti, Anuvasana Basti,* and *Shirodhara*, along with *Shamana Chikitsa* (herbo-mineral formulations), was associated with a marked reduction in symptoms and overall clinical improvement within 90 days. Additionally, improvements in body weight and general health status were observed and appeared to be sustained over the follow-up period.

These findings suggest a potential role of Ayurvedic interventions as a supportive and integrative approach in the management of ulcerative colitis. However, as this report is a single case study, the generalizability of the results remains limited. Further well-designed studies with larger sample sizes and standardised treatment protocols are warranted to systematically evaluate the efficacy, safety, and reproducibility of these interventions in a broader patient population.

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