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AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS: A CASE REPORT

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ABSTRACT

Ulcerative colitis is a chronic inflammatory disease of the gut. It is a condition in which only colon is involved with continuous lesions. Patients show altered bowel habit such as bloody diarrhoea, constipation, rectal bleeding, tenesmus, passage of mucous and crampy abdominal pain etc. In Ayurved Ulcerative colitis symtoms can be correlated with *Vataja Grahan*i. Ayurveda described various *Samshaman chikitasa* for the management of Ulcerative colitis such as *Matra Basti*, proper nutritional supplements, herbal therapy, Yoga and meditation etc. In present case study, A diagnosed case of ulcerative colitis, age 14yrs female from Arogyadham Super Specialiest Hospital and Research Center, came to OPD of *Kaumarbhritya*, rishikul ayurvedic collage and hospital, Haridwar. With complains of stools with fresh blood and mucous during defecation since 1 years. Associated with symptoms of abdominal pain and weight loss, since 1 years. She was given *ayurvedic* medication along with *Marma* therpy and her complaints not only relieved but also delayed remission as well. The goals of the treatment are to improve quality of life, minimize the risk of colon cancer and achieve steroids free remission of the disease ulcerative colitis.

KEYWORDS: Pittaja Grahani; Ulcerative Collitis; Digestion; Ayurveda; Dhatvagani.

INTRODUCTION

Ulcerative colitis is a cause of significant morbidity worldwide. [1] In Ayurved Ulcerative colitis symtoms can be correlated with Vataja Grahani and Chataja Grahani. Grahani is described as an Agni Adhishthana by most of the acharyas. Mandagni is a root cause of Ama Dosha and it is the crucial factor for manifestation of most of the diseases. Among them, Grahani is the prime disease of gastro-intestinal tract and seen often in day-to-day practice. It's incidence is rising especially in Northern India, due to erroneous dietary habits and faulty lifestyle. This is substantiated by the fact that urban areas have a incidence than rural higher areas, and socioeconomic classes. It is idiopathic in nature, but there are diet, drugs and stress. It is the result of an abnormal response by body's immune system. According to Ayurveda, The symptoms of ulcerative colitis can be co-related with Vataja Grahani [2] and Chataja Grahani. According to Ayurvedic classics, people with Atisar and Pravahika have tendency to develop Chataja Grahani. When they do not follow Pathya Ahara and Vihara. Again, the era of fast food, there is change or irregularity in diet and diet timings and also sedentary lifestyle. In addition to change in diet and lifestyle, one is always under tremendous mental stress etc.are factors which leads to Chataja Grahani. Therefore, the first and foremost principle of treatment of any disease is Nidana Parivarjana followed by use of Sansamana Chikitsa like

Rakta stambhaka (blood coagulatory) and Purisha Sanghrahi i.e., anti- diarrheal medicines. To measure to digest the Ama (bio toxin) to bring Agni (digestive fire) in its normal state and control the diarrhea and get the restoring health digestion and creating a bacteria friendly environment in the body and relief in all other complaints.

CASE STUDY

A diagnosed patient of Ulcerative colitis, age 13 years female from Arogyadham Super Specialiest Hospital and Research Center, came to OPD of *Kaumarbhritya*, Rishikul ayurvedic collage haridwar. She complained loose stools with blood and mucus during defecation since 1 years, Associated with complaints of mild continuous abdominal pain and weight loss 6-7 kgs in 1 years, Her report of USG show Mesenteric lymphadenopathy [Fig no.1], Colonoscopy show Ulcerative lesion at Ceacum [fig no.2] with biopsy of ceacum show Eosinophilic colities [fig no. 3] other hematological parameters were normal, renal parameters and blood sugar also within normal limits[fig no. 4,5,6,7,8]. Stool examination occult blood and mucus present.

Table 1: General Examination.

General	Before	After	
condition	treatment	treatment	
Temp	97.6 degree F	97.8 degree F	
BP	110/80mmhg	110/70mmhg	
Pulse	78 beats/min	76 beats/min	
Resp	20/min	24/min	
Spo2	97@ RA	98@RA	
Weight	36 Kg	41Kg	
Pallor	Present	Not present	
Cynosis	Not present	Not present	
Clubbing	Not present	Not present	
Lymph node	Not palpable	Not palpable	

Personal history

Diet- Vegetarian diet

Qualitative- Rice, dal, chapati, vegetable, milk, fruits. Quantitative – Breakfast :-1-2 chapati, 1 katori veg

Lunch :- Dal, rice − 2 bowl

Dinner: - 2 chapati, 1 katori veg, milk.

Appetite- Decreased

Bowel- Regular (Consistency – loose stool with fresh blood and mucus)

Frequency -5-6 time/Day).

Micturition - Normal

Physical Activity - Average (approx. 1-2 hrs play outside).

Sleep - Sound sleep (approx. 7-8 hrs a day).

Addiction - Junk food.

Sensitive to any food article- Junk food

Systemic Examination

- Cardio- vascular system S1 & S2 Heard, no abnormality detected in CVS
- **Respiratory system** B/L air entry normal, chest B/L symmetrical, normal in shape and movement, trachea centrally present, no abnormallity detected.
- CNS conscious and oriented with date, time & place
- G.I. system-Mild abdominal tenderness @ umbilical region, no organomegaly found, Auscultation- 9 bowel sounds/minute
- P/R- no piles mass present

Table 2. Lakshana of Vataja Grahani [3] and Sign and symptoms present in patient.

Lakshana of Vataja Grahani	Sign and symptoms present in patient	
Kanta Asya Shosha - dryness of throat and mouth	Present	
Kshut, Trushna - excessive hunger & thirst	Not present	
<i>Timira</i> - appearance of darkness in the eyes	Not present	
Karnayo Swana - abnormal sound in the ears, tinnitus	Not present	
Parshwa ruk - frequent pain in the sides of pelvic region	present	
Visuchika - severe diarrhoea, sawing pain in the abdomen	Present	
Hrudy ruk - frequent pain in the sides of the chest, pain in the cardiac region	Not present	
Karshya & Daurbalya - weakness	Present	
Mental frustration	Present	
Parikarthika - pain in anus	Not present	
Vairasa - distaste in the mouth-	Not present	
craving for (ingredients of food having) all tastes	Present	

Samprapti Ghataka

• Dosa :Vata pradhana tridoshaja

Dusya : Rasa, Anna Agni : Jatharagni Agni dusti : Mandagni

Ama :Agnijanya Srotas :Anna vaha

• Srotodusti: Ati pravrutti

• Adhistana : Grahani, Pittadhara kala

• Udbhavasthana:Grahani

• Vyaktastha :Grahrani

• Sancharasthan :Maha srotas,Annavaha srotas

• Sadhya-Asadhyata: Krachasadhya

Treatment

Shodhana therapy

For *Shodhana* therapy *Matra basti* was given with *Jatadhi Tala* 10ml for 15 days

2.5.2. Shamana therapy

Following combination, the drug had been used as follow and changed according to response of the disease. Internal medicine was given continuously for 3 months.

Shamana chiktisa

First follow up

1. Sankh bhasma 125 mg
Bilvadhi churna 1gm
Praval panchamrit 125mg
with saufark bid

2. Takraistha 10ml with same amount of water bid

Second follow up

1. Pushyangur Churna- 1gm
Kaamdudha ras -125 mg
Sootsekhar ras 125mg
Kutajghan vati 65 mg
Bilva Churna 1gm
with saunf arka bid

- 2. Mustaristha 15 ml with same amount of water
- 3. Marma therapy: Shipra and tailhirdya.

Third follow up

1. Pushyanug churna 1gm Kaamdudha ras 125mg Sootskhar ras 125mg Kutajghan vati 65mg Bilva churn 1gm

with saufark bid

- 2. Brahmi vati 1 tab bid
- 3. Marma therapy: Shipra and Tailhirdya.

RESULT AND INTERPRETATION

Patients continued treatment for 3 month. All the signs and symptoms of Ulcerative colitis completely relieved in after 3 month and bleeding during and after defecation has been stopped completely.

Symptoms before and after treatment

Ayurvedic perspective Acharya Vagbhatta described Mandagni refers to diminished digestive fire or

diminished enzymatic activities of our body. Acharya Charaka has described digestive system as Mahasrotas. While Acharya Sushruta described as Annavaha Srotas and Purishavaha Srotas in which these diseases like Vataja Grahani, Raktatisara, Raktaja Arsh, Raktaja Pravahika occurs, which alone or as a complication produces ulcerative colitis like symptoms. Yasthimadhu having Rakta pitta shamaka, Varano-ropaka, Stambhaka properties. It activates ulcer healing Vatapittahara, Madhura Guru Guna & Snigdha properties Yastimadhu pacifies Pitta & it helps in healing ulcers.

OBSERVATION

Based on the bleeding per rectum the progress of the treatment was achieved. Patient get moderate relief in complaints on his first consultation in our hospital and gradually the complaints reduced during the treatment.

Table 3: The Following Table Shows The Treatment Progress.

Parameters	1 st visit	2 nd visit	3 rd visit
Frequency of stool per day	>8	3-6	<3
Rectal bleeding	Evidence of fresh blood in every evacuation	Blood streaks in less than half of evacuation	No blood
Mucous in stool	+++	++	+
Abdominal pain	Continous	Intermitent	Absent
Hb%	11.5g/dl	11.8gm/dl	12.20g/dl
Weight	38kg	40kg	43kg

After three sessions of treatments patient was advised for internal medications for one month and also advised to stop spice and junk food eating habits and investigation were done. Hematological parameters were normal, renal parameters and blood sugar also within normal limits.

DISCUSSION

As per presentation of disease is progressive disorder of unknown etiology on the basis of sign and symptoms that diagnosed as Ulcerative colitis correlated with *vataja Grahani*. The disease Ulcerative colitis is not curable as we know well, but we can improve the life span and quality of life of the patient. Here some of the *Ayurveda* formulations selected on the basis of their properties that have mainly *Vata Shamaka*, *Rakta stambhana*, *Deepana & Grahi* are in nature.

Takraristha has Deepana, Pachana, Srotosodhana and Grahi Gunas that facilitate the proper absorption of properly formed simpler substances after its digestion. The property Vatanulomana along with these properties of Takrarishta provides a proper action for Samana Vayu and thus regulates the well-functioning of gut motility and regulated secretion thus the symptoms like Muhurdravam Muhurbaddham etc. gets reversed to a healthy condition.

Shankha bhasma pacifies the irregularities related to *Kapha* and *Vata* but in addition *Amlatanashan* properties it also acts as a natural alkalizer which counteracts the

hydrochloric acid secretion and eases acidity. *Deepana, Pachana* propeties of *Shankha bhasm* it improper digestion leads to accumulation of toxins in the system called *Aam,* which aids in clearing out the toxins and detoxifying the gut. *Grahi* phroperties serves as stool binding agent, anti-diarrhoeal, appetite stimulant, antispasmodic effect.

Bilwadi Churna have *krimighn* and *Grahi* phoperties due to this it has powerful antibacterial and antidiarrheal traits that are extensively used for eliminating bacteria from the intestines that cause diarrhoea and other intestinal infections. It also have *Deepana* and *Pachana* also effect.

Kamdudha Ras has Sheeta Virya so it acts as natural alkalizer which counteracts the Hydrochloric acid secretion and eases acidity. The main properties of this yoga is Pittashaman, Raktastambhan, Khsobhanashan and is Shitviryatmak. Therefore it is used in various Mahastrotas Vyadhis like Raktapitta, Amlapitta, Raktaj Atisara and Hrudrog etc. Pravalapanchamrita balance Vata and Kapha Dosha and Pitta Samaka.

Sootsekhar Ras balances vitiared state of Pitta Dosha that improves the whole digestion process and results in proper functioning of Agni. Conceptually it is concluded that the substances having properties like Ruksha, Laghu, Katu and Ushan has the effect to decrease the vitiated

Dravya Roop of *Pitta* and maintain the proper functioning of *Agni*.

Mustaristha has Anulomana, Deepana, Pachana properties.

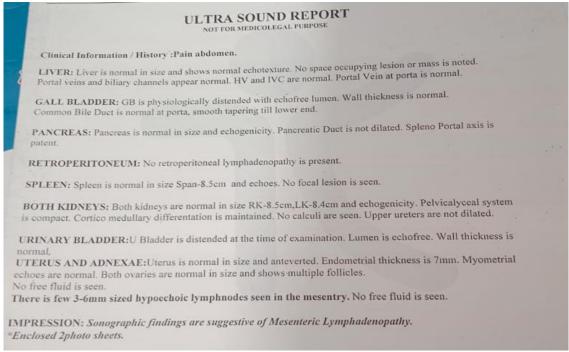
Brahmi vati it has *Shitviryatmak* and its have properties like anti depressant, anxiolytic, sedative, anti convulsant, anti microbial, anti ulcer etc.

Kutaja ghana vati it balances Vata and Pitta.

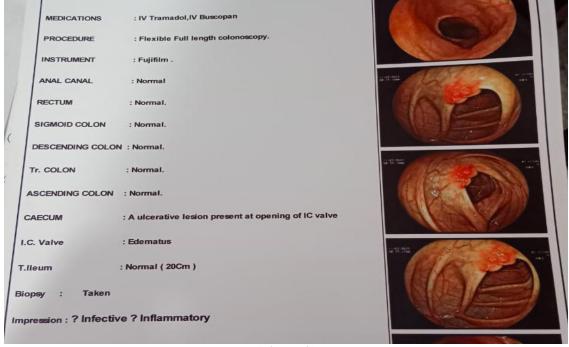
Pushyanuga Churna is a herbal powder that can soothe *Vata*, *Pitta* and *Kapha*. This is very useful in bleeding disorders. Altogether the synergistic action of medicinal preparations.

CONCLUSION

Matra Vasti, Marma thearpy and along with medicated drugs not only reduces the complications and also fully recoved from symptom of per rectal bleeding with their associated complaints completely, it also inhibit relapes or re-occurrence of the disease.



[Fig no. 1]



[Fig no. 2]

HISTOPATHOLOGY

Histopathology: Small Tissue Biopsy

Lab No: HG- 2207-22

Nature of specimen: Biopsy from caecum. Clinical Details: c/o pain abdomen, bleeding PR.

Gross Description:

Received multiple grey brown soft tissue pieces aggregate measuring 0.7 x 0.5 x 0.3 cm.

Entire tissue is submitted in one block.

Microscopic Examination:

Section show colonic biopsy with no disarray of glandular pattern. The lamina propria show congestion and inflammation comprising of numerous cosinophils. The eosinophils at places entering the lining epithelium and forming eosinophilic microabscess. No granuloma is seen.

Impression: Eosinophilic colitis.

Note- Slides, report and paraffin blocks will be kept for 10 years. Please contact customer care in case of any queries. Report entered by: Prem Pal

** End of Report **

[Fig no. 3]

Biological Ref. Interva-Units differences in the sequence of immuno dominant epitopes, especially in the envelope proteins HIV1 group M, HIV1 group O and HIV2, specific antigens are necessary to avoid failure in the detection of an HIV infection by immunoassays.9,10 By detecting the HIV1 p24 antigen in blood specimens of recently infected patients with a high viral load, HIV infection can be detected about 6 days earlier than with traditional antibody assays. AntiHIV antibodies and the HIV1 p24 antigen can be detected simultaneously using a 4th generation HIV assay. This leads to improved sensitivity and, therefore, a shorter diagnostic window as compared to anti-HIV assays. nmendations

1. Results to be clinically correlated.

2. Rarely false negativity/positivity may occur.

3. Pre & Post test counseling available at our lab between 9,30 to 11 am.

: NON REACTIVE

HCV BY CARD HEPATITIS C VIRUS : NON REACTIVE

HBsAg (BY CARD) *

CARD TEST
The hepatitis C virus (HCV), first identified in 1989, is a leading cause of liver disease and a major healthcare concern with over 170 million persons (roughly 3 % of the human population), infected worldwide.1,2 The highest prevalence is found in Africa, the Eastern Mediterranean and Asian regions. 2,3 HCV is a member of the Flaviviridae family and has a single-stranded, positive-sense RNA genome.4 Currently over 50 diagnosis is difficult and screening assays are of major importance.6 Infection with HCV can lead to acute and chronic hepatitis disease. Approximately 70% of HCV infections progress to chronic disease, although this varies according to patient gender, age, race and immune management of chronic hepatitis and in the selection of patients needing treatment.6 HCV infection can be detected by measuring the amount of HCV RNA, alanine aminotransferase (ALT) and HCVimmunoglobulins (anti in patient serum samples. This can also indicate if the infection is acute or chronic.4,7 Antiantibody tests are used alone or in combination with other tests (e.g. HCV to detect an infection with hepatitis C virus AntiII assay uses peptides and recombinant antigens representing core, NS3 and NS4 proteins for the determination of antiantibodies.

*End of Report**

[Fig no. 4]

			ma/dl	2.5 - 6.2
SERUM URIC ACID		3.1	mazai	
VITROS 4600 BLOOD UREA NITROGEN (BUN)		5.1	ma/dl	5.0 - 20.0
VITROS 4600 SODIUM		140	mmol/L	133.0 - 146.0
ISE DIRECT POTASSIUM	1	4.8	mmol/L	3.5 - 5.5
ISE DIRECT TOTAL PROTEIN	:	7.8	am/dl	6.6 - 8.7
VITROS 4600 SERUM ALBUMIN	:	4.4	am/dl	3.97 - 4.95
VITROS 4600 GLOBULIN		3.4	am/dl	2.7 - 3.7
CALCIUM		9.3	ma/dl	8.6 - 10.2
VITROS 4600 INORGANIC PHOSPHORUS	:	4.2	ma/dl	2.0 - 4.5
VITROS 4600 BLOOD GLUCOSE - RANDOM	:	88	ma/dl	
VITROS 4600				Jormal Range <140 mg/dl
ALKALINE PHOSPHATASE VITROS 4600	:	76	U/L	38 - 170
	LIVER	FUNCTIO	N TEST	
OTAL BILIRUBIN	:	0.30	ma/dl	0.20 - 1.30
VITROS 4600			7.0	0.1 0.30
ONJUGATED (D. Bilirubin)	:	0.10	ma/dl	0.1 - 0.20
VITROS 4600 NCONJUGATED (I.D.Bilirubin)	:	0.20	ma/dl	0.10 - 0.80
VITROS 4600				

[Fig no. 5]

Investigation		value		14 - 36
AST / SGOT		31	U/L	14 - 30
VITROS 4600 ALT/SGPT		22	U/L	10 - 46
VITROS 4600 ALKALINE PHOSPHATASE	:	76	U/L	38 - 170
VITROS 4600 TOTAL PROTEIN	:	7.8	gm/dl	6.6 - 8.7
VITROS 4600 SERUM ALBUMIN	:	4.4	am/dl	3.97 - 4.95
VITROS 4600 GLOBULIN	:	3.4	am/dl	2.7 - 3.7 1.2 - 2.1
A/G RATIO	:	1.3	U/L	12 - 49.0
GGT VITROS 4600				
TSH(THYROID FUNCTION TEST) VITROS ECIQ	:	4.26	mIU/L	0.465 - 4.68
HIV (AIDS) ANTIBODY I HIV (AIDS) ANTIBODY II	IMMUN :	NON REAL	CTIVE	$\label{eq:cutoff index} \mbox{Cutoff index} < 0.90 \mbox{ are nor } \\ \mbox{n the range } 0.90 \mbox{ to } < 1.0 \mbox{ are considered borderlin} \\$
				Cutoff index 1.0 are considered reactive

[Fig no. 6]

		AEMATOLOGY	BC1	
COMPLETE BLOOD COUNTS Automatic Cell Counter NIHON KOHDEN	CHIPLEI	E BLOOD COUNTS IC	BCI	
HAEMOGLOBIN (HB)	45	11.5	am/dl	11.0 - 15.0
TOTAL LEUCOCYTE COUNT (TLC)		4.700	/cmm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT		1,700	Zemm	1000 11000
NEUTROPHIL		57	%	45 - 75
LYMPHOCYTE		39	%	20 - 45
EOSINOPHIL		02	%	0.00 - 6
MONOCYTE	:	02	%	0 - 10
BASOPHIL	:	00	%	0.00 - 2.00
R B C (Red Blood Cells)	:	3.98	Millions/cmm	3.8 - 5.8
PLATELET COUNT	:	3.23	Lakh/cmm	1.50 - 4.5
P.C.V / HAEMATOCRIT	:	36.8	%	35 - 47
MCV	:	92.5	fL	80 - 97.7
мсн	:	28.9	picogram	26.5 - 33.5
мснс	:	31.3	g / dL	32 - 38
R D W (CV)	:	13.0	%	10.0 - 15.0
		OCHEMISTRY		
* *	RENA	L FUNCTION TEST		
BLOOD UREA	:	11	ma /dl	15.0 - 40.0
VITROS 4600			12122	
SERUM CREATININE		0.60	ma /dl	0.52 - 1.04
VITROS 4600				

[Fig no. 7]

Test Report					
Test Name	Results	Units	Bio. Ref. Interva		
HEMOGRAM (Electrical Impedence, Photometric)					
Hemoglobin	12.20	g/dL	12.00 - 15.00		
Packed Cell Volume (PCV)	36.70	% mill/mm3	36.00 - 46.00		
RBC Count	3.67		3.80 - 4.80		
MOV	95.00	rL.	83.00 - 101.00		
мсн	31.40	pg	27.00 - 32.00		
MCHC	33.20	g/dL	31.50 - 34,50		
Red Cell Distribution Width (RDW)	14,40	%	11.60 - 14.00		
Total Leukocyte Count (TLC)	4.20	thou/mm3	4.00 - 10.00		
Differential Leucocyte Count (DLC)					
Segmented Neutrophils	48.50	76	40.00 - 80.00		
Lymphocytes	45.40	%	20.00 - 40.00		
Monocytes	3.90	%	2.00 - 10.00		
Eosinophils	1.80	%	1.00 - 6.00		
Basophilis	0.40	%	<2.00		
Absolute Leucocyte Count					
Neutrophils	2.04	thou/mm3	2.00 - 7.00		
Lymphacytes	1.91	thou/mm3	1.00 - 3.00		
Monocytes	0.16	thou/mm3	0.20 - 1.00		
Eosinophils	0.08	mou/mm3	0.02 - 0.50		
Basophila	0.02	thou/mm3	0.02 - 0.10		
Platelet Count	160	thou/mm3	150.00 - 410.00		
Mean Platelet Volume	12.0	n.	6.5 - 12.0		
E.S.R.	3	mm/hr	0.00 - 20.00		

[Fig no. 8]

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