Case Report

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Management of Ulcerative Colitis with Ayurveda Interventions: A Case Report

Ayurveda Section

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ABSTRACT

Ulcerative colitis is a chronic inflammatory bowel disease affecting the mucosal inflammation of the colon and rectum. This idiopathic disease leads to diffused, superficial erosions on the colonic wall and is often considered autoimmune. In Ayurveda, it correlates with *Pittaj grahani*, presenting symptoms like bloody diarrhoea, pain during defecation, abdominal pain, constipation, and anorexia. Some patients may exhibit only Gastrointestinal (GI) symptoms. Conventional treatments focus on symptomatic management and immune suppression, often with adverse effects and limited efficacy. Due to these limitations, exploring *Ayurveda* treatments becomes essential. This case study discusses a 25-year-old male with proctitis, progressing to ulcerative colitis with pancolitis, and symptoms of bloody and mucous discharge during defecation, epigastric pain, tenesmus, acidity, and anorexia for two years. He was treated with *Ayurveda* interventions including *Panchatikta ghrita ksheera basti* (medicated enema with milk processed with five herbs), medicated rectal tampon, and oral medications such as *Hingwashtak churna, Avipattikar churna, Triphala guggulu, Mahasudarshan vati, Shankha vati, Arogyavardhini vati* and *Kutajarishta*. After eight days, significant symptom relief was observed. This case demonstrates the effectiveness of *Ayurveda shodhana* (purificatory) and *Shaman* (therapeutic) treatments in managing ulcerative colitis and enhancing the patient's quality of life. Ayurveda offers a holistic, sustainable, and side-effect-free alternative to conventional treatments for ulcerative colitis.

Keywords: Enema, *Ghrita ksheera basti*, *Kutajarishta*, Medicated, *Pittaj grahani*

CASE REPORT

A 25-year-old male visited the *Panchakarma* Outpatient Department (OPD) with abdominal pain, post-meal urgency to defecate, hyperacidity, bloating and chest pain while sleeping for two years. Previously healthy, his symptoms gradually led to improper bowel movements and rectal bleeding. He had worked in Dubai for eight months before symptom onset, adopting irregular food patterns, excessive non vegetarian, oily-spicy food, alcohol consumption, insufficient sleep and high work stress. He had no significant family or surgical history. The patient had undergone a colonoscopy two years earlier, which revealed proctitis. The patient initially experienced anal swelling and intermittent constipation two years ago, which gradually progressed to bleeding during defaecation. Over time, these symptoms were accompanied by acidity, anorexia, fatigue, altered bowel habits (7-8 times per day), and significant weight loss of 10 kg after one year of symptom onset. He consulted a gastroenterologist and was prescribed symptomatic treatment, including prednisolone 40 mg per day, which provided temporary relief for 2-3 months. However, his symptoms recurred after a month. Despite continuing allopathic treatment for almost a year and a half, he did not experience significant relief. Therefore, the patient approached the OPD of *Panchakarma* for Ayurvedic management.

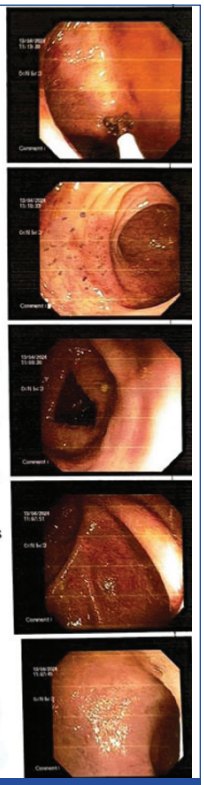
On general examination, the patient had a temperature of 37.5°C, respiratory rate of 24/min, pulse of 74/min, and blood pressure of 120/80 mmHg. The abdomen was soft and tender with bowel sounds present. The diagnosis was based on symptom gradations, colonoscopy and biopsy reports. A rectal biopsy revealed histological features indicative of inflammatory bowel disease or ulcerative colitis. The colonoscopy showed an impression of ulcerative colitis with pancolitis [Table/Fig-1].

The patient's Ultrasonogram (USG) findings showed hepatomegaly and tiny renal calculus. 2D echo and Chest X-ray was normal.

In the pathological investigations, the haemoglobin was 15.5%, total RBC count 5.13 million/cumm, total WBC count 6800/cumm, and platelet count 2.4 lac/cumm, which was within the normal limits.

Report of Colonoscopy

Indication	**:F/U/C/O Proctitis with Per Rectal bleed**
Scope passed upto terminal ileum	
Anesthesiologist	**: not given.**
Preparation	: Good.
Anal Canal	: Normal.
Rectum	: Marked erythema noted with ulcerations and absent vascularity noted. Multiple biopsies taken
Sigmoid colon	: Marked erythema noted with ulcerations and absent vascularity noted.
Descending Colon	: Marked erythema noted with ulcerations and absent vascularity noted.
Transverse colon	: Marked erythema noted with ulcerations and absent vascularity noted.
Ascending colon	: Marked erythema noted with ulcerations and absent vascularity noted.
Cecum	: Marked erythema noted with ulcerations and absent vascularity noted.
Ileocecal valve	: Appears Normal.
Terminal Ileum	: Normal.
Impression	**:Ulcerative colitis with Pancolitis Mayo 3 UCEIS 6 multiple biopsies taken form rectum**



[Table/Fig-1]: Colonoscopy report of 2024 which showed ulcerative colitis with pancolitis.

According to the grading system of the Late Effects in the Normal Tissues Subjective, Objective, Management and Analytic scales (LENT-SOMA) scale rectum [1], the findings of the patient's condition before treatment are shown in [Table/Fig-2].

Therapeutic Intervention

The patient underwent Panchakarma *Shodhana* treatments including local *Snehana* (oil massage from lumbar to limbs), *Nadi swedana* (kettle sudation), *Panchatikta ghrita ksheera basti* (medicated enema),

S. No.	Symptoms	Grading criteria	Before treatment	After 8 days
1	Stool frequency	1. 2-4 stools/day 2. 5-8 stools/day 3. >8 stools/day 4. Uncontrolled stools	Grade 2	Grade 1
2	Pain	1. Occasional and minimal pain 2. Intermittent and tolerable pain 3. Persistent and intense pain 4. Refractory and excruciating pain	Grade 2	Grade 1
3	Sphincter control	1. Occasional faecal incontinence 2. Intermittent 3. Persistent 4. Refractory	Grade 2	Grade 0
4	Tenesmus	1. Occasional urgency 2. Intermittent urgency 3. Persistent urgency 4. Refractory	Grade 2	Grade 1
5	Mucous loss in defecation	1. Occasional 2. Intermittent 3. Persistent 4. Refractory	Grade 3	Grade 0

[Table/Fig-2]: Patient's assessment based on LENT-SOMA scale and therapeutic outcome.

and *Guda pichu* (rectal tampon) for eight days. The *Shamana chikitsa* (Oral treatments) included *Hingwashtak churna*, *Avipattikar churna, Mahasudarshan vati, Shankha vati, Kutajarishta* and *Arogyavardhini vati* for eight days, as detailed in [Table/Fig-3].

reduced dependency on steroids and surgeries, replacing them with *Udumbara kvatha basti* and oral medications like *Kutaj ghan vati* and *Udumbara kvatha* [2]. An observational study by Kalapi P et al., (2012) demonstrated effective management using *Holarrhena antidysenterica*, *Ficus glomerata*, *Cyperus rotundus*, *Mesua ferrea* and *Symplocos racemosa* [3]. Another clinical study by Kalapi P et al., (2012) confirmed similar results [3]. A case study by Mori V et al., (2023) reported success with *Kutaj ghanvati*, *Musta churna*, *Nagkesar churna*, *Lodhra churna* and *Udumbara kwath basti* [4].

These findings reinforce Ayurveda's efficacy in ulcerative colitis, supporting its potential as an alternative to modern medicine. Despite treatment variations, our study further validates its effectiveness.

In ulcerative colitis, *Agni dushti* (impaired digestion) is a key factor, linked to gut bacteria alterations and mucosal defects [5]. Treatment focuses on improving digestion, healing and reducing inflammation. *Sneha basti* (oil enema) targets the intestine, with *Ghrita* (ghee) aiding absorption and promoting rejuvenation [6]. *Panchatikta ghrita ksheera basti* has antibacterial, anti-inflammatory and wound-healing properties, reducing hypersensitivity and oxidative stress [7]. *Dadimadi ghrita* is a composition of six different drugs integrated into an effect that gives pleasant, strengthening, anthelmintic properties and is an antioxidant. It also helps digestion and absorption, acts as an appetiser, promotes taste perception and shows significant action against inflammation [8].

S. No.	Treatment/Medication	Drug/Details	Dose	Anupana (Vehicle)	Time of administration	Duration
Panchakarma shodhan						
1	Local *snehana* (oil massage from lumbar region to both lower limbs)	*Dashamoola taila* (medicated oil of 10 medicinal herbs)	-	-	Morning	8 days
2	*Nadi swedana* (kettle sudation from lumbar region to both lower limbs)	*Dashamoola kwatha* (medicated decoction of 10 medicinal herbs)	-	-	Morning	8 days
3	*Panchatikta ghrita ksheera basti* (medicated enema with decoction, milk, and specific herbs)	*Panchatikta kwath ksheera paka* (milk medicated with *Guduchi, Patola, Vasa, Nimba, Kantakari*), Ghee and Milk (200 mL), *Yashtimadhu ghrita* (10 mL), *Dadimadi ghrita* (20 mL)	230 mL	-	Just after light breakfast in the morning	8 days
4	*Guda pichu* (medicated tampon in anal region)	*Jatyadi ghrita* (*Myristica fragrans*)	15 mL for single-use	-	At bedtime only	8 days
Shaman chikitsa						
5	*Hingwashtak* powder	-	5 gm	Lukewarm water	BD (twice daily) after food	8 days
6	*Avipattikar* powder	-	10 gm	Lukewarm water	HS (at bedtime)	8 days
7	*Triphala guggulu* tablet	-	250 mg×3	Lukewarm water	BD (twice daily) after food	8 days
8	*Mahasudarshan*, *Shankha, Arogyavardhini vati* (tablet)	-	250 mg×2	Lukewarm water	BD (twice daily) before food	8 days
10	*Kutajarishta*	-	20 mL	Buttermilk	BD (twice daily) after food	8 days

[Table/Fig-3]: *Panchakarma* treatment and internal medication details.

Therapeutic Outcome

The patient's therapeutic assessment, based on the LENT-SOMA scale, showed significant improvement after eight days of treatment: stool frequency decreased from 5-8 to 2-3 stools/day, defecation pain reduced from intermittent to occasional, sphincter control improved with no incontinence, tenesmus reduced to occasional urgency and mucous loss resolved completely. [Table/Fig-2] details symptomatic relief post-treatment. Follow-up USG on December 23, 2024, confirmed improved health. The liver was normal (14.6 cm), the kidneys were of normal size (right: 9.8×4.8 cm; left: 9.7×4.8 cm) with preserved corticomedullary differentiation, and no hydronephrosis or calculi were noted. The impression showed no significant findings. Despite financial constraints preventing colonoscopy, the patient remained clinically stable.

DISCUSSION

Previous studies highlight Ayurveda's success in managing ulcerative colitis. A case study on 43 patients by Patel MV et al., (2010) showed

Jatyadi ghrita helps in wound epithelialisation and healing and reduces pain. *Jaati* contains salicylic acid which has anti-inflammatory, antibacterial and antifungal properties [9]. Therefore, its *Guda pichu* (medicated tampon in the rectum) is administered as a suppository in the rectum.

Yashtimadhu ghrita is soothing and forms a thin film layer which helps in the easy development of healthy granulation tissue and is anti-inflammatory [10].

Hingwashtak churna acts as an anti-inflammatory and antiulcer agent, relieving GI pain, promoting mucin secretion, and reducing stomach mucosa cell shedding [11].

Avipattikar churna enhances gastric blood flow and mucus secretion with its antiulcer properties. Triphala improves digestion, absorption, blood circulation, bile duct relaxation, immunity, and red blood cell production [12]. *Guggulu (Commiphora mukul)* has antiseptic, antibacterial and antispasmodic effects. *Shankha vati* aids digestion, controls gastric acid, and has spasmolytic

activity. *Arogyavardhini vati* enhances digestion, and metabolism, and has scraping properties, while *Lasuna (Allium sativum)* offers antioxidant benefits [13].

Kutaj (Holarrhena antidysenterica) bark is effective against acute and chronic dysentery, with potent immune-stimulating, antidiarrheal, and antisecretory effects [2,14]. It significantly reduces bowel frequency.

Panchatikta ghrita ksheera basti and *Guda pichu*, combined with Ayurvedic oral interventions, effectively controlled ulcerative colitis in a middle-aged patient. Relief was achieved through the styptic action of *Dadimadi ghrita* [8] and *Panchatikta ghrita ksheera basti* [7]. These therapies improved digestion, enhanced absorption, healed chronic ulcers and stimulated epithelialisation.

CONCLUSION(S)

The *Panchakarma* intervention, specifically *Panchatikta ghrita ksheera basti* combined with targeted *Shaman chikitsa*, has demonstrated effectiveness in symptomatically managing ulcerative colitis in middle-aged patients. These findings highlight the potential of Ayurvedic therapies as a holistic and efficacious treatment approach for ulcerative colitis. Further clinical trials are warranted to substantiate these observations.

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Patient perspective: The patient is happy with the Ayurvedic treatment received as well as the therapeutic outcomes.

REFERENCES

[1] Ray D, Chattopadhyay G. Chronic radiation proctitis: A challenging and enigmatic problem. Trop Gastroenterol. 2021;41(4):159-67.
[2] Patel MV, Patel KB, Gupta SN. Effects of Ayurvedic treatment on forty-three patients of ulcerative colitis. Ayu. 2010;31(4):478-81. Doi: 10.4103/0974-8520.82046. PMID: 22048543; PMCID: PMC3202252.
[3] Kalapi P, Manish P, Namrata S, Christian K, Gupta S. P02.87. Ayurvedic management of ulcerative colitis: A non-randomized, observational clinical study. BMC Complement Altern Med. 2012;12(Suppl 1):P143. Doi: 10.1186/1472-6882-12-S1-P143. PMCID: PMC3373764.
[4] Mori V, Patel M, Gupta SN, Patel K. Ayurvedic management of ulcerative colitis: A case study. J Ayu Int Med Sci. 2023;8(3):154-60. Available from: https://jaims.in/jaims/article/view/2246.
[5] Ashton JJ, Ennis S, Beattie RM. Early-onset paediatric inflammatory bowel disease. Lancet Child Adolesc Health. 2017;1(2):147-58.
[6] Shastri A, editor. Sushruta Samhita of Sushruta, Sutra sthana, Dravadravya vidhi, chapter 45, verse 96, Chaukhambha Sanskrit Sansthan; Varanasi: 2008, p. 20.
[7] Saraf S, Nagpal S, Shivhare S, Sharma V. Effect of Panchatikta Ghrita Guggul and Mahamanjishthadi Kwath along with Virechana Karma in the management of Ek Kushtha (Plaque Psoriasis): A case report. J Ayurveda Integr Med Sci. 2023;11:187-92. Available from: http://dx.doi.org/10.21760/jaims.8.11.30.
[8] Arankalle PS. Effect of Dadimadi Ghrita in Garbhini Pandu (Anaemia in Pregnancy). Journal of Ayurveda and Holistic Medicine (JAHM). 2014;2(3):01-10.
[9] Gupta V, Tyagi A, Bhatnagar A, Singh S, Gaidhani SN, Srikanth N. Topical application of Jatyadi Ghrita and Jatyadi Taila accelerates wound healing in Sprague-Dawley rats: A study in gamma-radiation-induced skin wound model. Int J Radiat Biol. 2021;97(7):1003-19. Doi: 10.1080/09553002.2021.1913526. Epub 2021 Apr 19. PMID: 33872127.
[10] Sharma PV. Dravyaguna Vigyan Vol-II. Chaukhambha Bharati Academy, Varanasi: Reprint 2013, p. 25.
[11] Dash MK, Joshi N, Dwivedi L, Sharma K. Probable mode of action of Hingvastak churna: A critical review. Int J Res Ayurveda Pharm. 2016;7(Suppl 3):01-08.
[12] Baliga MS. Scientific validation of the ethnomedicinal properties of the Ayurvedic drug Triphala: A review. Chin J Integr Med. 2012;18:946-54.
[13] Padhar BC, Dave AR, Goyal M. Clinical study of Arogyavardhini compound and lifestyle modification in managing metabolic syndrome: A double-blind placebo-controlled randomized clinical trial. Ayu. 2019;40(3):171-78. Doi: 10.4103/ayu.AYU_79_19. Epub 2020 August 8. PMID: 33281394; PMCID: PMC7685257.
[14] Sathyanarayana B, Ravishankar B. An experimental study of Kutajarishta (An Ayurvedic herbal formulation) for its action on intestinal motility. Int J Res Ayurveda Pharm. 2015;6(5):616-20. Available from: http://dx.doi.org/10.7897/2277-4343.065115.

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