

A CASE STUDY OF SUCCESSFUL MANAGEMENT OF ULCERATIVE COLITIS BY AYURVEDIC THERAPY

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ABSTRACT

Ulcerative colitis (UC), a member of the family of inflammatory bowel disease (IBD), occurs worldwide. The incidence rates for UC have remained relatively constant in many regions such as Northern Europe and North America; however areas where there was previously a low incidence, such as Southern Europe and Asia, are showing an increase. In patients with UC, 20% are younger than 20 years of age. Inflammatory bowel disease (IBD) causes severe physical symptoms and is also associated with psychological co-morbidities. Patients with UC can suffer typically from diarrhea, rectal bleeding and colicky abdominal pain. Even after taking steroids and sulfasalazine drugs patients suffer from the disease. So the patients are always seeking some alternative therapy promising more effective and safer outcomes. A 21 year old girl presented to the O.P.D of Kamakshi Arogyadham, Shiroda, and Goa with a history of prolonged diarrhea of 6 months that progressed to frank haematochezia 2 weeks later. She was diagnosed to be suffering from ulcerative colitis by barium x-ray, occult blood stool test and other clinical features, and treated on the lines of *raktatisara*. She was administered *nagakeshar* (*Mesua ferrea*), *lodhra* (*Symplocos racemosa*), *sphatikabhasma* (Alum), *kutaja* (*Holarrhena antidysenterica*), and *bilva* (*Aegel marmelos*) orally, along with *anuvasana basti* of 60ml of cow's ghee processed by *shatavari* (*Asparagus racemosus*) and *yashtimadhu* (*Glycyrrhiza glabra*) and *shirodhara* with *bramhi taila* was given for a period of 8 days. Patient was completely relieved from all the symptoms and barium x ray done on the 30th day of the treatment showed normal intestinal tract. There was no re-occurrence in the symptoms on follow-up after one month.

Key words: Ulcerative colitis, *raktatisara*, *shirodhara*, *anuvasana basti*.

INTRODUCTION

Ulcerative colitis (UC), a member of the family of inflammatory bowel disease (IBD) and has worldwide prevalence. Presentation can occur at any age; however the typical age is in the third to fourth decade. Men and women tend to be equally affected. The incidence rates for UC have remained

relatively constant in many regions such as Northern Europe and North America; however areas where there was previously a low incidence, such as Southern Europe and Asia, are showing an increase¹. In patients with UC, 20% are younger than 20 years of

age, 4% are children aged less than 5 years and 1% are infants^{2,3}.

Inflammatory bowel disease (IBD) causes severe physical symptoms and is also associated with psychological comorbidities. Abnormal anxiety levels are found in up to 40% of patients with IBD. Anxiety symptoms are often related to flares of IBD but may persist in times of remission⁴. Patients with UC can suffer typically from diarrhoea, rectal bleeding and colicky abdominal pain. Symptoms most frequently present insidiously but may also present acutely, mimicking an infective aetiology. Its diagnosis is principally based on clinical, endoscopic and histological examinations⁵. Complications associated with UC include toxic dilatation, perforation, carcinoma and massive hemorrhage⁶.

In conventional Western medicine some drugs like sulfasalazine may give mild relief in symptoms and signs but after some time patients need more doses of the same drug. Some patients get benefit with steroids, which again are not suitable because of their side-effects. Even after taking steroids and sulfasalazine drugs patients suffer from the disease. So the patients are always seeking some alternative therapy promising more effective and safer outcomes.

The authors found some encouraging results in the patient of ulcerative colitis with certain *Ayurvedic* treatments. The treatment significantly corrected bleeding in stool and bowel frequency which are the cardinal features of ulcerative colitis, and also acted upon the psychological stress thus curing the diseases completely by acting on the cause. In addition the treatments also improved the general condition of the patient. Ulcerative colitis is a disease of *purishavaha srotas*. In *Ayurvedic raktatisara* is mentioned as an

advanced stage of *pittatisara*⁷. This disease can be co-related with ulcerative colitis.

Case presentation

A 21 year old girl presented to the O.P.D of Kamakshi Arogyadham, Shiroda, Goa with a history of prolonged diarrhea of 6 months that progressed to frank haematochezia 2 weeks later. She also presented with abdominal pain weight loss of over 8 weeks duration. Stool was initially watery, not offensive or mucoid. Bowel motions were about 10 times per day. There was no vomiting, fever, jaundice, mouth ulcer or joint pains. The abdominal pain was crampy in nature and diffusely localized to the umbilical and supra-pubic regions. It was neither aggravated nor relieved by any known factors. The symptoms were however associated with a significant weight loss despite good appetite and adequate feeding. Her history also revealed her suffering from stress and depression from last 1 year. The past medical history was remarkable in the sense that she had initially presented to a general hospital and was given sulfasalazine 1g/day in four divided doses. She took medications at home for 5 months. She presented again with bleeding diarrhea after stopping her medications for about a month, after which she decided to try *Ayurvedic* medicines

On examination, she was afebrile, mildly pale, weighed 43 kg with mild tenderness in the peri-umbilical region but no palpable abdominal mass, hepatomegaly or splenomegaly. The rectum appeared to be narrowed and the examination finger was stained with frank blood.

The investigations revealed Hb of 9.4g/dL, ESR was elevated to 34mm/hr and serum protein significantly reduced with hypoalbuminaemia of 21g/dL. The stool and urine cultures yielded no growth after 48 hours of

incubation. No eggs, ova or intestinal parasites were seen on stool microscopy. Occult stool test was positive. Barium enema was requested which showed dilatation of the sigmoid and descending colon in association with narrowing of the rectum and obliteration of the mucosal pattern that was replaced by thumb printing appearances (Figure 1). These findings were suggestive of UC.

Figure 1: Barium meal X ray of Intestine.



For the first three days *nagakeshar* (*Mesua ferrea*) 1gm/da

y in two divided doses was administered. After which *lodhra* (*Symplocos racemosa*), *sphatikabhasma* (Alum), *kutaja* (*Holarrhena antidysenterica*), and *bilva* (*Aegel marmelos*) each 250 mg were added to *nagakeshara* (*Mesua ferrea*) along with *anuvasana basti* of 60ml of cow's ghee processed by *shatavari* (*Asparagus racemosus*) and *yash-timadhu* (*Glycyrrhiza glabra*) and *shirodhara* with *bramhi taila* was given for a period of 8 days

From the day of *shirodhara* itself patient was showing improvement in the symptoms of anxiety and depression. On the second day of the *basti* onwards patients bowel habits started to improve in terms of its frequency and haematochezia. Haematochezia stopped completely on 6th day of the treatment which was confirmed by negative stool occult blood test. Frequency of the bowel was two per day from 6th day of treatment and umbilical pain during defecation was decreased.

Patient was discharged on 9th day and advised to continue palliative treatment mentioned above. Barium x ray was done on the 30th day of the treatment which showed normal intestinal tract. Patient was then put on palliative treatment composing *nagakeshar* and *yash-timadhu* 1gm each in two divided doses for next 3 months and was asked to follow-up every month in the Out-patient department wherein the patient shown complete remission from Ulcerative colitis.

DISCUSSION

UC is known to affect adults globally. A major challenge in the management of UC in developing countries is making an accurate diagnosis. Presently, there is no permanent cure for UC in contemporary science. The general goals of treatment are to control symptoms of the disease with minimal adverse effects of the medicines used and to achieve normal functioning of the patient. Less than 5% of children with UC may present predominantly with extra intestinal manifestations, such as growth failure; arthropathy; dermatological, genitourinary or pulmonary manifestations; coagulopathy; or liver disease. However, none of these symptoms was manifested in the present patient. Based on the symptoms and signs of bloody diarrhea, abdominal cramps, urgency to defecate, abdominal tenderness, weight loss and mild anemia at presentation, and colonoscopy the patient was diagnosed of moderate UC.

Probable Mode of action of Therapy:

In *samavastha*, hemostatic measures are prohibited⁸. But as patient was very weak *nagakeshara* was administered for its *stambhana*, *dipana* and *pachana*⁹ properties. It is also antioxidant and antibacterial¹⁰.

Lodhra is anti ulcerogenic¹¹ and haemostatic. *bilva* is known to have anti-inflammatory, antioxidant, and mast cell stabilizing effects along with protective effect in inflammatory bowel disease¹². In the traditional system of medicine, the roots and rhizomes of *yashtimadhu* have been in clinical use for centuries. *Yashtimadhu* consists of flavonoids, triterpene, amino acids, pectins, saponins, polysaccharides, simple sugars, mineral salts, and various other substances. Glycyrrhizin, a bioactive constituent contribute to the *yashtimadhu* roots anti-inflammatory and antioxidant activity¹³. Antioxidant-based drugs or formulations are used for the treatment of complex diseases like stroke, diabetes, Alzheimer's disease and atherosclerosis¹⁴. The neuroprotective effect root of *yashtimadhu* may be attributed to its antioxidant property as it possess many bioamines and active ingredients by the virtue of which susceptible brain cells get exposed to less oxidative stress resulting in reduced brain damage and improved neuronal function with improvement in memory and decrease in stress¹⁵. *Shatavari* is also quite effective for stomach ulcers, hyperacidity and diarrhea¹⁶. *Shirodhara* has proven to be anxiolytic and successful treatment to combat the ill effects of stress on the body¹⁷.

CONCLUSION

Ulcerative colitis (UC), a member of the family of inflammatory bowel disease (IBD), occurs worldwide. In patients with Ulcerative Colitis, 20% are younger than 20 years of age. In *Ayurvedic* management of ulcerative colitis can be done by the line of *raktatisara*. Medicines having properties like *dipana*, *pachana*, anti-oxidant, anti-inflammatory, wound healing, tranquility and hemostatic are beneficial in treating ul-

cerative colitis along with *anuvasana basti* and *shirodhara*. Complete remission from ulcerative colitis was seen in the case of ulcerative colitis by following the guidelines of *Ayurvedic* and same can be used for further studies.

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