

## AYURVEDIC MANAGEMENT OF ULCERATIVE COLITIS W.S.R TO GRAHNI DUSTI- A CASE STUDY

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### ABSTRACT

Ulcerative colitis is an idiopathic and chronic inflammatory bowel disease (IBD) affecting the colon & rectal mucosa. Now a day its prevalence is increasing in Indian population. This condition can be correlated with *Grahanidusti* in Ayurved. Although lot of remedial & surgical measures are available in conventional system to control it but due to untoward effects and post-operative complications make to search safe and effective treatment to manage ulcerative colitis. In this sequence a married female of age 48 yrs was reported in Kayachikitsa OPD, University college of Ayurved, Dr.S.R.RajasthanAyurved University, Jodhpur, Rajasthan, India. Her diagnosis was made on clinical ground supported with Sigmoidoscopy. Ayurvedic management was prescribed after seen her keen interest in Ayurved along with *Pichhabasti* and *Anuvasanabasti* with *Jatayadi oil*. Patient continued oral treatment for nine month but without any basti. During nine month patient feel not so much relief. Therefore patient decided to receive basti as per direction in hospital. After receiving basti patient get symptomatically improvement from 4<sup>th</sup> day onwards. Treatment was continued for 15 days repeated 3 months later. After complete treatment her stool was negative for occult blood. Sigmoidoscopy shows no ulceration except mild hyperemia which gives us a way to treat ulcerative colitis with safe & effective Ayurved management.

Key words: Ulcerative –Collitis , IBD, *GrahiniDust*, *Ayurved*

### INTRODUCTION

Ulcerative colitis (UC) is a chronic diffuse inflammatory bowel disease (IBD). This can be seen any age but peak incidences seen in 15-20 years and 55-65 years. There are no direct known causes for ulcerative colitis, but there are many possible factors related to genetics and stress.<sup>1</sup>UC is a mucosal disease that usually involves the rectum and extends proximally to involve all or part of the colon. About 40 to 50% of

patients have disease limited to the rectum and rectosigmoid, 30 to 40% have disease extending beyond the sigmoid but not involving the whole colon, and 20% have a total colitis. Proximal spread occurs in continuity without areas of uninvolved mucosa. When the whole colon is involved, the inflammation extends 1 to 2 cm into the terminal ileum in 10 to 20% of patients. Classically it begins in the rectosig-

moid but often extends to involve the entire colon. In milder form the mucosa is erythematous and has a fine granular surface that looks like sandpaper while in more severe disease, the mucosa is hemorrhagic, edematous, and ulcerated. Patients with fulminant disease can develop atoxic colitis or megacolon where the bowel wall thins and the mucosa is severely ulcerated; this may lead to perforation. The major symptoms of UC are diarrhea, rectal bleeding, tenesmus, passage of mucus, and crampy abdominal pain. Diagnosis relies upon the patient's history; clinical symptoms, negative stool examination for bacteria, *Clostridium difficile* toxin, and ova and parasites; sigmoidoscopic appearance or colonic biopsy specimens. Only 15% of patients with UC present initially with catastrophic illness. Massive hemorrhage occurs with severe attacks of disease in 1% of patients. Ulcerative colitis can be treated with a number of medications including 5-ASA drugs, corticosteroids, immunosuppressive agents and surgical procedures like colostomy in severe cases. Over all therapy have many side effects and post surgical complications.

In Ayurveda exact correlation cannot be found of ulcerative colitis but according to signs and symptoms and pathology of disease we can consider this clinical entity as *Grahini Dusti*. Clinical features of *Grahini Dusti* are partially *pakva* and *apakvamala* (formed & unformed stool), in association with *trishna* (morbid thirst), *arocaka* (anorexia), *vairsya* (distaste in mouth), *presake* (excessive salivation), vomiting, fever and foul smell of *fama* (undigested food). Main causative factor of this disease is *Agni* (digestive power) disturbances i.e. *Mandagni* that lead to *Ama* formation which is the leading cause of autoimmune disorder in Ayur-

*veda*. However *Sanshaman* and *Sanshodhan* therapy is used to treat this disease but *Sansodhan* therapy is the main stay of treatment.

### Case Report

A 48 yr old married female patient residing in Bikaner presented to the OPD of Kaya chikitsa department of University Collage of Ayurveda, Jodhpur, Rajasthan on 12 /5/15 (OPD No. 20930/813) with history of increase frequency of bowel habits since 4-5 years approx 8-10 times per day. Stool was initially watery, non-mucoid and non offensive. Later on black colour stool come which raise suspicion of blood. After 2 -3 days' fresh blood reported by patient in stool. Along with this she also suffered abdominal pain with nausea last 2 year. Abdominal pain was crampy in nature which was localized to the umbilical and supra -pubic region. It was aggravated by oily spicy & junk food. Ingestion of milk was increase frequency of stool while it was ameliorated by light food. She also had fine tremors in both extremities. Her past history was insignificant. There was no family history of similar disease. On physical examination she was non icterus, anemic, non cyanosed. Hydration was fair. Her pulse rate was 78/ min regularly irregular, BP 110/80 mmHg and respiratory rate 18/ min with normal body temperature. The mucous membranes and nails were normal. Sleeping pattern was disturbed. Appetite was altered. On systemic examination GIT examination showed mild tenderness in the peri umbilical region. There was no abdominal mass was reported. Case was taken up and some essential investigation was suggested to patient like complete blood count, ESR, Liver function test like and bio chemistry examination like blood sugar, serum creatinine, CRP and stool examination for oc-

cult blood and histopathology was done. the reports were suggested ulcerative colitis. (Table no -01)  
Sigmoidoscopy was also suggested. All

**Table No 1 showing Blood investigation reports before, during and after treatment**

Particulars	Date 26/8/13	Date 7/4/14	Date 22/4/14	Date 25/4/14	Date 6/5/14	Date 21/5/14	Date 23/5/14	Date 17/6/14	Date 12/7/14	Date 5/12/14
<b>Hematology</b>										
Hb (gm/dl)	10.3	9.5		11.7		11.8				
TLC (per cubic mm)	6900	6400		6920		7100				
<b>DLC</b>										
Neutrophils	63	51.8		56		60				
Lymphocyte	33	40.8		35		35				
Monocytes	02			4.2		03				
Eosinophils	02			3.5		02				
Basophiles	00			0.6		00				
ESR- (by Westergren method) –mm 1 <sup>st</sup> hr.	20			14						
RBC( million per cubic mm)	5.41	4.27		4.57						
Platelets count- (per cubic mm)	258000	188000		232000						
<b>Liver Function Test</b>										
S.Bilirubin- (mg/dl)				0.84		0.86				
SGOT (U/L)	25.5			28.82		14.50				
SGPT(U/L)	21.3			22.28		29.88				
Alkaline Phosphatase (U/L)				57.79		62.43				
S. Protein – (g/dl )				6.4		6.0				
S. Albumin- (g/dl)	3.5			3.5		3.72				
<b>Bio-Chemistry</b>										
Blood Sugar(F)				84.85						
Blood Sugar (PP)				105.24						
Blood Sugar (R)	131.8									
Sr. Creatinine (mg /dl)	0.92			1.00						
CRP	Negative									
HbsAg	Negative									
<b>Stool-Examination</b>										
Occult Blood			Positive		Positive		Positive	Positive	Negative	Negative
Histopathology										Diffuse active colitis.



27/03/2014	1.	In previous Combination Tapyadiloha -250 mg added In place of Kahrwapisti.	Honey
	2.	Vindhyacid – 3 gm x2 before meal	Water
	3.	Vin amebo – 3gm x2 at bed time	Water
	4.	Rest same treatment continue	
24/06/2014	1.	A combination of – <i>Swarnasutsekhar rasa- 100 mg</i> <sup>8</sup> <i>Dhatri loha – 250 mg</i> <i>Jatifaladichurna – 3 gm</i> <i>Rambaan rasa – 250 mg</i> <i>Siddhapraneshwar rasa- 250 mg</i> <i>Shonitaargal rasa – 250 mg</i> <i>Chandanadivati- 250 mg</i> <sup>9</sup> <i>SwarnaBhupatirasa-250mg</i> <hr style="width: 20%; margin-left: auto; margin-right: auto;"/> 1x 2 with honey	Honey
	2.	BilwaAvaleha 20 gm x 2	
	3.	Vindhyacid – 3 gm x2 before meal	Water
	4.	Pichhabasti in morning before meal 240 ml. Anuvasanabasti with Jatyadi tail 50 -60 ml after meal in evening.	
		Repeated same treatment for 3 month except basti.	
17/10/2014		Repeated same treatment for 1 month with basti.	
22/11/2014		Advice repeats histopathology, Sigmoidoscopy and stool for occult blood.	

## DISCUSSION

In above case we employed number of oral ayurvedic medicines, but their effect on ulcerative colitis is not satisfactory till adding *Picchabasti*. However *agnidusti* was corrected through oral medicine but healing of ulcers was achieved after basti. The content of *picchabasti* was not as per texts. We used contents – <sup>10</sup>*panchvalkal* (stem bark) *Kwatha*, *Mocharasa*, <sup>11</sup>*Vrihit ShatavariGhrita*. This *basti* was given in morning before meal and in evening *Anuvasanabasti* is given with *Jatyaditail* 50 -60 ml after meal for 15 days. As in Ulcerative Colitis there is inflammatory condition along with rectal bleeding, diarrhea and ulcers. Drugs used in *Pichhabasti* such as <sup>11</sup>*Panchvalkal Kwatha* and *Mo-*

*charasahaving Kashayarasa* and *shita-viryawhich is Stambhaka, Grahi, Shotha-haraproperty* so helpful to stop diarrhea and rectal bleeding. *VrihitShatavariGhrita having madhur rasa and sheetavriya along with Snigdha and picchilaproperty* which protect ulcers from irritations and thus it help healing. This healing property was enhanced with *Anuvasanabasti* with *Jatyadi oil* which was given in evening in a dose of 50-60 ml after meal. Both these basti were showed synergistic effect to heal the ulcers of ulcerative colitis.

## CONCLUSION

In above case we get remarkable recovery with Ayurvedic medicinal treatment. This is quiet safe, effective, cheapest and side effect free treatment and can be done in

routine practice. It may open new path to the clinicians and researchers for finding the medicinal option for the treatment of ulcerative colitis.

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