ROLE OF BASTI IN ULCERATIVE COLITIS – A REVIEW

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ABSTRACT
Ulcerative Colitis is an Inflammatory Bowel Disease, which causes inflammation and ulceration of inner lining of the colon and rectum. It is a long-term condition. The cause of Ulcerative colitis is unknown. Theories involve immune system dysfunction, genetics, changes in the normal gut bacteria, and environmental factors. Together with Crohn's disease about 112 million people were affected as of 2015. Dietary changes may improve symptoms. Several medications are used to treat symptoms and bring about and maintain remission, including aminosalicylates such as sulfasalazine, steroids, immunosuppressants such as azathioprine, and biological therapy. Based on the clinical signs and symptoms, the disease Pravahika can be correlated to IBD with ulcerative colitis in Ayurveda. Panchakarma therapy aids as an important treatment modality in treating Ulcerative colitis. The site of Ulcerative colitis is colon. The sthāna of vata dosha is Pakwashaya (colon). Dosha involved in ulcerative colitis is pitta dosha, so we can infer that pitta resides in vata sthāna pakwashaya. Hence, tackle the sthanika dosha first and followed by treating pitta dosha. And there is no treatment that is equal to basti in ayurveda. And through basti one can treat eka dosha, samsarga and sannipata conditions. Piccha basti reduces inflammation due to its grahi, deepana dravyas and picchila guna. Also it improves the function of Apana vata. Samshamana yogas, along with the dietary modifications, gives the maximum benefit. Hence, here is an effort made to treat vata sthāna gata pitta, through basti intervention

Keywords: panchakarma, IBD, ulcerative colitis, pravahika, basti, piccha basti.

INTRODUCTION
Ulcerative Colitis is an Inflammatory Bowel Disease, which causes inflammation and ulceration of inner lining of the colon and rectum.¹ The inflammation usually begins in the rectum and spreads upward to the entire colon. This disease can occur at any age but its onset is most
common among the people between ages of 15 - 40. Ulcerative colitis also appears to run in some families. Together with Crohn's disease about 112 million people were affected as of 2015. Each year it newly occurs in 1 to 20 per 100000 people, and 5 to 500 per 100,000 individuals are affected².

AIMS AND OBJECTIVES
To understand the role of basti in the management of Ulcerative colitis

METHODS AND METHODOLOGY
• The cause of UC is unknown. Theories involve immune system dysfunction, genetics, changes in the normal gut bacteria, and environmental factors.³
• Chromosome band 1p36 is one such region thought to be linked to inflammatory bowel disease.⁴
• High intake of unsaturated fat and vitamin B6 may enhance the risk of developing ulcerative colitis. The disease may also relapse or develop by the intake of meat protein and alcoholic beverages.

SYMPTOMS
The symptoms are mainly of gastro-intestinal origin and extraintestinal origin. Gastro-intestinal symptoms include⁵
• Diarrhea mixed with blood and mucus
• Bleed on rectal examination
• Anemia
• Abdominal pain
• Increased abdominal sounds
• Fever
• Rectal pain
• Malnutrition
• Weight loss
And Extraintestinal symptoms include⁶
• Aphthous ulcer
• Ophthalmic
• Iritis
• Episcleritis
• Musculoskeletal
• Ankylosing spondylitis
• Sacroiliitis
• Cutaneous (related to the skin):
  • Erythema nodosum
  • Pyoderma gangrenosum

TYPES
Ulcerative colitis is normally continuous from the rectum up the colon. The disease is classified by the extent of involvement, depending on how far the disease extends:
• Distal colitis, potentially treatable with enemas⁷
• Proctitis: Involvement limited to the rectum.
• Proctosigmoiditis: Involvement of the recto-sigmoid colon, the portion of the colon adjacent to the rectum.
• Left-sided colitis: Involvement of the descending colon, which runs along the patient's left side, up to the splenic flexure and the beginning of the transverse colon.
• Extensive colitis, inflammation extending beyond the reach of enemas:
• Pancolitis: Involvement of the entire colon, extending from the rectum to the cecum, beyond which the small intestine begins.
DIAGNOSTIC TOOL
The best test for diagnosis of ulcerative colitis remains Endoscopy.

LEAD PIPE SIGN
- Lead pipe appearance of colon is the classical barium enema finding in chronic ulcerative colitis
- There is complete loss of haustral markings

TREATMENT
- Dietary changes
- Aminosalicylates – sulfasalazine
- Steroids
- Immunosuppressants – azathioprine
- Biological therapy
- Surgery

AYURVEDIC PERSPECTIVE
- IBD can be correlated to Grahan dosha
- Vyavachada nidana (Differential diagnosis)
  - Pittaja grahami
  - Rakta atisara
  - Pravahika

It can be correlated to the disease Pravahika which manifests in the form of Atipravahana of Purisha (repeated defecation), Atidrava Purisha Pravritti (watery stool), Udarashoola (pain abdomen), Picchila, Saphena (sticky and frothy), and Rakta yukt Purisha (blood-mixed stool).

PRAVAKHIKA
In the person who indulges in unhealthy foods, vata getting aggravated, pushes the kapha accumulated (in the pakvasaya – large intestine) downwards again and again after straining and mixed with faeces; this disease is called pravahika.

TYPES
Pravahika produced by vata has pain, that produced by pitta has burning sensation, that produced by kapha has elimination of faeces mixed with kapha and that produced by rakta has blood mixed with faeces; these kinds are produced by more of unctuousness and dryness (in the large intestine) their signs/symptoms, methods of treatment and features of ama (unripe) and pakwa (ripe) stages are similar to those of atisara (diarrhoea).

CHIKITSA SUTRA
That pravahika which does not subside by vilanghana etc (fasting and other thinning methods) or gets increased by the use of Pachana (digestive medicines), becomes sub-
sided quickly by the use of boiled milk, oil (of sesame) and piccha basti (slimy enema).\(^ {12}\)

**PICCHA BASTI\(^ {13}\)**

<table>
<thead>
<tr>
<th>INGREDIENTS</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAKSHIKA</td>
<td>200ml</td>
</tr>
<tr>
<td>SAINDHAYA</td>
<td>15gms</td>
</tr>
<tr>
<td>SNEHA</td>
<td>200ML - jathyadi taila</td>
</tr>
<tr>
<td>KALKA</td>
<td>30GMS - pippali, bilva, kushta, satahva, vaca</td>
</tr>
<tr>
<td>KWATHA</td>
<td>shalmali kashaya</td>
</tr>
</tbody>
</table>

Piccha basti kashaya can be prepared using two procedures. One is by the Putapaka method and the other by regular kashaya preparation method. Putapaka method of extracting swarasa is done by enveloping Shalmali vrunta in kusha variety of grass and then it is subjected to puta. When the pishti cools down on its own, the juice is extracted manually. This swarasa is mixed with other ingredients of Piccha basti. Piccha basti is indicated in jeerna atisara avastha and jeerna grahani by Charaka and Vagbhata, but according to Sushrutha, he has mentioned it in the context of pravahika. It acts as grahi and contains deepana and pachana drugs.

**KSHEERA BASTI\(^ {14}\)**

<table>
<thead>
<tr>
<th>INGREDIENTS</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAKSHIKA</td>
<td>100ML</td>
</tr>
<tr>
<td>SAINDAVA</td>
<td>12GMS</td>
</tr>
<tr>
<td>SNEHA</td>
<td>100ML - changeryadi gritha, yastimadhu taila</td>
</tr>
<tr>
<td>KALKA</td>
<td>40GMS - guduchi, yastimadhu, arjuna, manjishta</td>
</tr>
<tr>
<td>KWATHA</td>
<td>300ML - yastimadhu ksheerapaka</td>
</tr>
</tbody>
</table>

**DISCUSSION**

IBD can be considered as Grahani dosha in Ayurveda\(^ {15}\). According to Ayurveda, Ulcerative colitis is a disease of Purishavaha srotas\(^ {16}\). It is primarily a disease of Pitta dosha with varying degrees of Vata involvement. The latter determines how extensively the inflammatory process will spread proximally and the development of extra intestinal manifestations. The excessive consumption of Pittaja ahara and vihara initially damages both rakta dhatu (blood tissue) and mamsa dhatu (muscle tissue), leading to formation of ama that gets deposited between the villi in the intestines, forming a smooth coating that impairs the normal function and immunity of the intestines. Vata Dosha in the lower colon is also aggravated and in the early stages blocks the Pitta and Kapha channels, causing inflammation, mucous accumulation and edema. The site of Ulcerative colitis is colon. The sthana of vata dosha is Pakwashaya (colon). Dosha involved in ulcerative colitis is pitta dosha, so we can infer that pitta resides in vata sthana pakwashaya. Hence, tackle the sthanika dosha first and followed by treating pitta dosha. And there is no treatment that is equal to basti in treating vata dosha. And through basti one can treat eka dosha, samsarga and sannipata condi-
tion. In Ayurveda, *Raktatisara* is mentioned as an advanced stage of *Pittatisara*. *Piccha basti* is mentioned as a management of *Raktatisara* in *Charaka Samhita*\(^{17}\). *Piccha basti* reduces inflammation due to its *grahi*, *deepana dravyas* and *picchila guna*. Also it improves the function of *Apana vata*. *Samshamana yogas* along with the dietary modifications, gives the maximum benefit.

**CONCLUSION**

Based on the clinical signs and symptoms, the disease *Pravahika* can be correlated to IBD with ulcerative colitis. *Pravahika* is a disease with the involvement of *kapha, pitta and vata* associated with *agnimandya*. Hence, the line of treatment mainly includes *pachana* and *sangrahi dravya*. *Piccha basti* reduces inflammation due to its *grahi*, *deepana dravyas* and *picchila guna*. Also it improves the function of *Apana vata*. *Samshamana yogas* and along with the dietary modifications, gives maximum relief.

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13. Charaka Samhita Part II Chikitsa Sthana, Choukamba Orientalia, Varanasi, Chapter 14 Shloka 228, pg no. 246.

Source of Support: Nil
Conflict Of Interest: None Declared

How to cite this URL: N Kavya Et Al: Role Of Basti In Ulcerative Colitis – A Review. International Ayurvedic Medical Journal {online} 2017 {cited December, 2017} Available from: http://www.iamj.in/posts/images/upload/4458_4463.pdf