A Case Study on the Ayurvedic Management of Ulcerative Colitis (Grahani)

Hiral Gohel1*, Haresh Vyas2, Rohini Salve3, Sagar Purohit4, Urmi V. Italia1, Bhavisha Sheladiya1

Abstract
Ulcerative Colitis is an idiopathic form of acute and chronic ulcer-inflammmatory colitis affecting chiefly the mucosa and submucosa of the rectum and descending colon, though sometimes it may involve the entire large intestine. Symptoms usually develop over time, rather than suddenly. Ulcerative colitis can be debilitating and can sometimes lead to life-threatening complications. While it has no known cure, treatment can greatly reduce signs and symptoms of the disease and even bring about long-term remission. A patient of known case of ulcerative colitis was successfully treated with Ayurveda medicines Darvyadi Ghrita, Gokshura Ksheerpaka, Aatmagupta Churna and Suvarnamakshika Bhasma. By these medications, he got satisfactory relief in all his complaints and the disease was cured.

Keywords: Ulcerative Colitis, Darvyadi Ghrita, Gokshura Ksheerpaka, Atmagupta Churna, Suvarnamakshika Bhasma

INTRODUCTION
Inflammatory bowel disease refers to two chronic diseases caused by idiopathic inflammation, ulcerative colitis and Crohn's disease. Clinical, endoscopic, and histologic factors are important in the diagnosis of these disorders, but no single finding is fully diagnosed the disease or another. Mucosal ulcer in Crohn's disease may be transmural and may develop anywhere in the complete gastrointestinal tract, most commonly in the distal ileum and proximal colon. A common feature of ulcerative colitis is continuous ulceration that begins in the rectum and is limited to the colon. About 10% of patients with inflammatory bowel disease have what is known as “inflammatory bowel disease un-determined”, a term used when Crohn colitis cannot be separated from ulcerative colitis.

Crohn's disease and ulcerative colitis can occur at any age, but both have an increase in between 20 and 40 years of life, with a second peak in seventh decade. The proportion of women to men in both ulcerative colitis and Crohn's disease indicates no preference for men and women. Crohn's disease and ulcerative colitis are complex polygenic complications, of which, having a family history of inflammatory bowel disease is a risk factor [1].
In mild form of ulcerative colitis, the mucosa appears granular, hyperemic and edematous. When the disease becomes more severe, mucosa ulcerates and they spread to lamina propria. Ulcerative colitis begins in the rectum and may be more severe in a continuous pattern, but only affects the colon. Pseudopolyps may be caused by epithelial regeneration after repeated attacks. With chronic disease, the colonic mucosa may lose its normal folding pattern, the colon may shorten, and the colon may look narrowed. In primary ulcerative colitis, histopathologic findings are characterized by epithelial necrosis, a severe inflammation that penetrates the lamina propria, cryptitis, and crypt abscesses. In this chronic disease, a predominant lymphocytic infiltrate and distortion of crypt architecture are seen.

The signs and symptoms of colicative disease depend on the severity and severity of the disease. At the time of diagnosis, 14 to 37% of patients had pancolitis, 36 to 41% had rectal infections, and 44 to 49% had proctosigmoiditis.

At the beginning of the disease process, patients develop mucosal erythema with the loss of normal mucosal vascular pattern. In mild form, the mucosa may look granular and edematous. When the disease becomes more severe, the mucosa becomes more friable, easy to bleed when the mucosa is touched, and may finally ulcerate. The aim of medical therapy is to reduce inflammation and subsequently induce and maintain clinical remission [2].

Ayurveda, an ancient Indian system of medicine has described a group of diseases where ulcerative colitis can be correlated with Pittatisara, Raktatisara, Shokatisara and Raktaja Pravahika. The management of ulcerative colitis with Ayurvedic treatment will be beneficial to overcome the limitations and adverse effect of modern treatment. Hence, correlations of disease and management of disease with Ayurvedic principle has been decided. Here, in this case we had found the symptoms of Grahani Roga also.

**CASE PRESENTATION**

A 25-year-old male, diagnosed case of ulcerative colitis, came to Ayurved Chikitsa Mandir and Panchkarma Research Center (21.12.2017) at Ahmadabad with the complaints of:

- Pain and burning in throat,
- Burning in abdomen, pain and heaviness in abdomen after meal,
- Belching,
- Pain in right flank region,
- Febrile, and
- Mouth ulcer.

He had weight loss of around 20 kg in approximately 3 years and had past history of Hepatitis (21/3/2011) and cystitis (27/8/2014). The mucus/pus were present and occult was positive in his stool culture.

UGI Scopy report (29/09/2014) suggested lax les with mild reflux esophagitis, mild gastritis, and mild duodenitis with multiple superficial ulcers.

Colonoscopy (22/12/2014) suggested superficial ulcer seen in ileum.

Patient had taken Ayurveda treatment in the past but he did not get satisfactory result in symptoms. So, he came here for better relief. Firstly, the patient was advised for some fresh investigations of stool culture, UGI scopy, and COLONOSCOPY. In that investigations, stool culture report suggested that mucus/pus was present and occult was positive.
UGI scopy (26/12/2017) suggested moderate gastritis; and
Colonoscopy (26/12/2017) was normal up to ileum.

Though colonoscopy was normal, there was no improvement in any complaint.

**Personal History**

Appetite: diminished,
Micturition: with Burning,
owel: *Krushnabh, Snigdha* and *Durgandhita Mala Pravruti*,
Sleep: Disturbed,
BP: 120/90 mm of Hg, and
wt.: 55 kg.

**Treatment Protocol**

The treatment was planned with the following medicines (Table 1) for approximately 3 years.

During the time of treatment, he was advised to take *Peya, Moong, Shreephal, Saktu, porridge, Ikshurasa, Mathita* (curd without cream) +Mishri [3–5].

**OBSERVATION AND RESULTS**

As shown in the Table 2, weekly follow up of the patient was done. In the initial phase of treatment at 21/12/2017, patient had severe gastrointestinal symptoms like burning in throat, abdomen, irregular, blackish, sticky (mucus mixed), foul smelled stool, loss of appetite etc. and burning micturition was present. After 4 months of treatment the investigation of occult blood in stool turned into negative and with this, he started put on weight gradually. At the time of initiation of treatment his weight was 55 kg, then after around 6 months his weight was 61 kg, 6 kg increased. Burning in throat was subsided, stool frequency decreased, occurrence of mouth ulcers reduced, appetite was increased. In this way, his symptoms were subsided gradually, and weight increased. At the end of approximately 3 years, he had regained his normal weight up to 74 kg.

**Table 1. Medication.**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Anupana</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aatmagupta Churna+</td>
<td>1 gm, tds</td>
<td>Ushnodaka</td>
<td>10 am - 3 pm - 10 am</td>
</tr>
<tr>
<td>Suvarnamakshik Bhasma</td>
<td>100 mg, tds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darvyadi Ghrita</td>
<td>5 ml, bd</td>
<td>Ushnodaka</td>
<td>Before meal</td>
</tr>
<tr>
<td>Gokshura Ksheerpaka</td>
<td>2 gm, od</td>
<td></td>
<td>7 am</td>
</tr>
</tbody>
</table>

**Table 2. Observation of the Symptoms at the Interval of Approximately 6 months.**

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lakshana</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat</td>
<td>Pain and burning in throat</td>
<td>Subsided</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Burning in abdomen</td>
<td>Burning in abdomen after meal</td>
<td>Subsided</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>Pain and heaviness in abdomen after meal</td>
<td>Subsided</td>
<td>Bloating</td>
<td>Subsided</td>
</tr>
<tr>
<td>Belching</td>
<td>After meal</td>
<td>Subsided</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>Pain in right flank region</td>
<td>Subsided</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Febrile</td>
<td>Subsided</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mouth Ulcer</td>
<td>Recurrent</td>
<td>Subsided</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><em>Krishnabh, Snigdha and Durgandhita Mala Pravruti</em></td>
<td><em>Krishnabh, Vibandhvat Mala Pravruti</em></td>
<td><em>Durgandhita Mala Pravruti</em></td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>Burning micturition</td>
<td>Subsided</td>
<td>Normal</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Appetite: diminished</td>
<td>Increased</td>
<td>Normal</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
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| BP: 120/90 mmHg | 110/80 mmHg | 120/80 mmHg | - |
| wt.: 55 kg | 61 kg | 71 kg | 74 kg |
| Stool test | Occult: positive | Occult: negative | - |
| Colonoscopy | Normal up to Ileum | - | Normal up to Ileum |

**DISCUSSION**

**Probable Mode of Action of Atmagupta Churna and Suvarnamakshika Bhasma Combination**

1. *Suvarnamakshika Bhasma* has Madhura, Tikta Rasa, and Yogvahy Guna. It works on vitiated Pitta because of its Saumya Prabhava so that it is useful in weak patients also without any doubt. It works in Amlapitta like conditions by its Stambhaka, Shamaka and Swadu Guna and regulates Pitta Vikruti and by that, relief was seen in gastritis. Here patient also complained of headache and mouth ulcers; this could be *Paitika*. *Suvarnamakshika* works on *Paitika* conditions. It also corrects mental status. In this patient, several symptoms were present which are similar to *Graham* symptoms. And as we know about Gut-Brain theory, stressed and altered mental status affects the gut most, and complete gastro-intestinal system and produces gastric symptoms; here also stress was observed in etiological factors. So here, *Suvarnamakshika Bhasma* was selected for better mental status, and by this, he got improvement in GI symptoms. *Suvarnamakshika Bhasma* is beneficial for Shirah Pradesh, Aamashaya, Yakruta, Antra, Basti, ductless gland and Manodesha like places of the body, Pachaka and Ranjaka Pitta like Dosa and Rasa, Rakt, Majja, Shukra like Dushya [6].

2. In this case, patient was mentally disturbed and stressed and this condition was increasing the disease. *Atmagupta Churna* works on central nervous system, so that it is beneficial in this disease. It has Madhura, Tikta Rasa, Madhura Vipaka, and Balya Prabhava [7].

**Probable Mode of Action of Darvyadi Ghrita [8]**

*Darvyadi Ghrita* is mentioned in *Daruna Trishoshaja Atisara*, *Tandra*, *Moha*, *Sada*, *Asyashosha*, *Trushna*, and defecation with different colors like red, or black. It is *Krucchra Sadyha* in nature. In this, symptoms of *Vatata*, *Pittata* and *Kaphata Atisara* are included. Here, in this patient, we found symptoms of all three *Doshas* like *Dakshina Udaraparshva Shula*, and *Avipaka*; continuous mild chest pain represented *Vata Dosha*. *Mutradaha*, *Jwaranubhuti*, *Katu Udghara*, *Kantha Udara Daha*, *Guda Daha* represented *Pitta Dosha* and *Tandra*, *Nidra*, *Sada*, *Vegashanki* (urge for defecation but no stool passing) represented *Kapha Dosha*. Because of these reasons, this formulation of *Acharya Sushruta* was chosen.

**Probable Mode of Action of Gokshura Ksheерapaka**

In this patient, burning micturition and burning on glans penis were present. *Gokshura* is *Mutrala* and having *Sheeta Virya*, *Madhura Rasa*, *Balya* and *Basti Shodhana* properties [9]. Gokshura was given with *Godugdh* and *Kshirpaka* form. Cow milk has *Madhura Rasa*, *Sheeta Virya*. *Godugdha* is *Rakta* and best *Vatapittahara* and best *Vatapittaghna* [10]; so *Gokshura Ksheerpaka* was selected.

**CONCLUSION**

Ulcerative colitis cannot be compared to any single condition described in *Ayurveda Samhita*. Sometimes this disease shows symptoms like *Graham*, sometimes like *Raktatisara* or *Pittatisara*. The line of treatment of the disease varies as per the variation in symptoms and conditions. Chosen treatment protocol cleared the difficulties and disability of the patient and gave him complete satisfaction. This protocol may not be used in all the ulcerative colitis patients, as treatment always differs according to the condition of the patient. This is the way of thinking towards the conditions of the disease.

**Acknowledgement**

I would like to express my special thanks of gratitude to my respected guru Vd. Haresh Vyas sir and Vd. Tanuja Patel madam for sharing their pearls of wisdom with me. I am very grateful for the
support and guidance of Vd. Rohini Salve. This study would not have been possible without the exceptional support of my senior Vd. Sagar Purohit, my colleagues Vd. Urmy Italia and Vd. Bhavisha Sheladiya.

REFERENCES